



香港中文大學醫學院
Faculty of Medicine
The Chinese University of Hong Kong

**Hong Kong Secondary School Health Exhibition Presentation Competition 2020
Application Form**

School Information

Name	(English)		
	(中文)		
Address			
Phone no.		Email	
Name of Principal	(Mr/Miss/Mrs/Dr)*	(English)	(中文)

*Delete as appropriate

Teacher-in-charge Information

Name	(Mr/ Miss/Mrs/Dr)*	(English)	(中文)
Phone no.		Email	

*Delete as appropriate

Participants Information

	Name (English)	Name (中文)	Gender (M/F)	Date of Birth (MM/YYYY)	Form/ Year	HKID card no. (e.g. A123)
1^						
2						
3						
4						
5						
6						

[^]Team leader

Note: Both the English and Chinese names should be identical to those on the HKID card.

Contact Information of Team leader

Phone no. (mobile)		Phone no. (home)	
Email			

Report Topic

Our school asserted that we have reviewed and agree to all the regulations of the Hong Kong Secondary School Health Exhibition Presentation Competition set by the Health Exhibition Organising Committee 2020.

Signature of Principal and School Stamp

Date