

To : Mr John SUEN, Life-wide Learning Section, EDB  
Fax No. : **2892 6428**

**Students as Learning Experience Designers**  
**“Student-LED” Network**  
**Membership Form**

We would like to join the new “**Student-LED**” Network.

**Contact Person of the Network:**

Name	: _____	Post	: _____
Contact No.	: _____	Email address	: _____

**Teacher Members<sup>1</sup>:**

Name	: _____	Post	: _____
Contact No.	: _____	Email address	: _____
Name	: _____	Post	: _____
Contact No.	: _____	Email address	: _____
Name	: _____	Post	: _____
Contact No.	: _____	Email address	: _____

School Chop	Name of School	: _____
	Telephone	: _____
	Name of School Principal	: _____
	Signature of School Principal	: _____
	Date	: _____
		: _____

<sup>1</sup> If school wishes to nominate more than three teachers, please complete more than one Membership Form.