

申請兒童資料 Applicant's Particulars			
中文姓名： Name in Chinese		性別： Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
英文姓名： Name in English		籍貫： Province	
出生日期： Date of Birth		年齡： Age	
出生證號碼： Birth Certificate No.		出生地點： Place of Birth	宗教： Religion
住 址： Home Address			
住宅電話： Telephone	手提電話： Mobile No.	電子郵件： E-mail	
申請班級： Applying for Class	<input type="checkbox"/> 上午班 A.M.	<input type="checkbox"/> 下午班 P.M.	<input type="checkbox"/> 全日班 Full Day
		<input type="checkbox"/> 幼兒班 K.1	<input type="checkbox"/> 低班 K.2
			<input type="checkbox"/> 高班 K.3
		<input type="checkbox"/> 預備班 N1 (只適用於中西區)	
曾就讀之學校 School Previously Attended			

相片  
Photo

家長 / 監護人資料 Parent's / Guardian's Particulars					
父親 Father	中文姓名 Name in Chinese		職業 Occupation		手提電話 Mobile No.
	公司名稱 Name of Company				辦事處電話 Office No.
母親 Mother	中文姓名 Name in Chinese		職業 Occupation		手提電話 Mobile No..
	公司名稱 Name of Company				辦事處電話 Office No.
監護人 * Guardian	中文姓名 Name in Chinese		職業 Occupation		手提電話 Mobile No.
	公司名稱 Name of Company				辦事處電話 Office No.

\*如父母為監護人則無需填寫此欄。If parents are guardians who do not need to complete this section.

兄弟姓名(畢業生) <input type="checkbox"/> Name of siblings (Graduate) _____	推薦信 <input type="checkbox"/> Recommendation letter
兄弟姓名(現讀生) <input type="checkbox"/> Name of siblings (Current) _____	介紹人 <input type="checkbox"/> Recommended by _____

本人明白學校所收集之個人資料只作處理入學申請之用，屬自願性提供。若未能提供足夠資料，校方可能無法處理有關申請。此外，校方絕不以任何形式將資料作其他用途，在未得申請人同意前，不會向其他機構和第三者人士披露有關個人資料。不被取錄的申請人之個人資料將被銷毀，一概不予發還。申請人亦有權查閱及修正個人資料，如欲查閱或修改個人資料，請致電 2494 8848 與陳校長聯絡。  
I understand that this application form and all items submitted are for the admission procedures only. The submission of personal data is voluntary. Failure to supply sufficient data may unable to process the application. The personal data will be treated as strictly confidential and will not be transferred in any form through any means to any other persons or entities without applicants' permission. Upon completion of the admission procedures, all forms and items submitted will be destroyed and will not be returned. Applicants have the right to request access to and correction of personal data. Enquiries concerning the personal data provided, including the request for access and correction, please contact Principal Chan at 2494 8848.

家長簽署 Signature of Parent	填表日期： Date	
	交表日期(由校方填寫) Filing Date (For School Use)	

\*請在適當的內加上✓。Please tick the appropriate boxes



Application Number : \_\_\_\_\_

Questionnaire for Parents of New Student

Name of Student: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  M / F   
Day Month Year

Class Level:  N1  K1  K2  K3

1. **Session intended to apply:**  A.M. Class  P.M. Class  Full Day Class

2. **Parents' expectation of the curriculum of K1 to K3**

Yes No No Comment

- Learning in a relaxing and happy environment  Yes  No  No Comment
- Bridging the curriculum of P.1  Yes  No  No Comment
- Emphasizing the cultivation of virtue  Yes  No  No Comment
- Others: \_\_\_\_\_

3. **Reason(s) for applying for our school**

- Recommended by relatives/friend  Close to home
- Good reputation of our school  Siblings are studying/ have studied in our school
- Parents were students in our school
- Others: \_\_\_\_\_

4. **The main language for daily communication**  Cantonese  English  Mandarin

Others: \_\_\_\_\_

5. **The main caretaker after the school admission**

Parent  Relative  Domestic helper  Nanny  Grandparent  Others: \_\_\_\_\_

## 6. Level of Education of Parents

Father :  Primary School  Secondary School  Tertiary Institute  
 University or above  Others: \_\_\_\_\_

Mother:  Primary School  Secondary School  Tertiary Institute  
 University or above  Others: \_\_\_\_\_

## 7. Student's Information

a. Does the student have any health or physical concerns since birth

Yes (Please specify \_\_\_\_\_)  No

b. Is there any food that the student cannot eat

Yes (Please specify \_\_\_\_\_)  No

c. Is the student allergic to any kinds of food or medicine?

Yes (Please specify \_\_\_\_\_)  No

d. Can the student take part in physical activities or fine and gross motor activities?

No (Please specify \_\_\_\_\_)  Yes

## 8. Personal Comment

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Please tick ✓ where applicable

After filling in this questionnaire, please submit it together with the application form. Thank you for your cooperation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_