

Pok Oi Hospital Mrs. Chu Kwok King Memorial Day Nursery

**Student Admission Application Form**

【SQS10/1/F】

**Education Service**

G/F, Shui Moon House, Tin Shui Estate, Tin Shui Wai, N.T. Tel：26173572 Fax：26173413

Registered No.：5640100001

**Student’s information** Ref. No：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name in Chinese： | Name in English： | **photo** |
| Date of birth： | Country of birth： |
| Birth certificate： | Sex： |
| Home address： | |
|  | Telephone no.： |
| E-mail address(if any)： | |
| Class applied： 🞏Nursery class 🞏 K1 class 🞏K2 class 🞏K3 class | |
| Name of school attended previously： (Grade attained： ) | | |

**Family’s information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name in Chinese | Relationship | Name of company/school | Occupation/class | Contact Tel. No. |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Note:**

1. Please include copies of birth certificate, immunization record, three stamped self-addressed envelopes and HK$40 registration fee.
2. All information provided will be kept confidential.
3. In case of withdrawal/cancellation, all documents will be destroyed.
4. All personal data are collected in a lawful way base on the Personal Data (Privacy) Ordinance to protect the privacy rights of a person. If any changes, please inform the school.

Parent’s name：\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s signature：\_\_\_\_\_\_\_\_\_\_\_\_ Date of submission：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of submission: | | | Name of staff： |
| One photo | ( ) Yes | ( ) No | Name of staff： |
| Copies of immunization record | ( ) Yes | ( ) No |
| Copies of birth certificate | ( ) Yes | ( ) No |
| Three stamped self-addressed envelopes | ( ) Yes | ( ) No |
| Date of interview： | | | Name of staff： |
| Date of registration： | | | Name of staff： |
| Date of admission： | | | Name of staff： |
| Date of Withdrawal： | | | Name of staff： |
| Note： | | | |