



Pok Oi Hospital Sy Siok Chun Kindergarten
 Pok Oi Hospital Sy Siok Chun Day Nursery
 Application for admission



(A) Child's Personal Particulars

Name	(Chinese)	(English)		Photo
Date of Birth		(yyyy/mm/dd)	Sex	
Birth Certificate Number			Place of Birth	
Address				
Religion			Tel. No.	
Spoken language at home	<input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Other _____			
Name and class of school attended				

(B) Family Members' Particulars

Father's Name	(Chinese)	(English)	Tel. No.		Occupation	
Mother's Name	(Chinese)	(English)	Tel. No.		Occupation	
Guardian's Name (if applicable)	(Chinese)	(English)	Tel. No.		Occupation	

(C) Particulars of Family Members having attended this Kindergarten (if applicable)

Name	(Chinese)	(English)	School Year		Class	
Name	(Chinese)	(English)	School Year		Class	

Reason for admission: _____

The month and class to be enrolled: _____

Remarks: _____

Name of parent/guardian: _____ Signature of parent/guardian: _____ Date: _____

Personal Information Collection Statement

1. Personal data in this form is provided for processing application for kindergarten admission. Only in necessary cases may such data disclose to Education Bureau or other governmental bodies.
2. After completion of the application procedure, all provided information of unsuccessful admissions will be disposed of. In accordance with the Personal Data (Privacy) Ordinance, applicants have the right to access, correct and update their own personal data. Please contact the kindergarten at 2772 0811 for any queries.

For office use only

Date of application:	(yyyy/mm/dd)	Staff's Signature:	Remarks:
Copy of Birth Certificate <input type="checkbox"/> Copy of Immunization Record <input type="checkbox"/> 4 Addressed stamped envelopes <input type="checkbox"/>			
Interview Date:	(yyyy/mm/dd)		
Registration Date:	(yyyy/mm/dd)		
Admission Date:	(yyyy/mm/dd)		
Withdrawal Date:	(yyyy/mm/dd)		