Po Leung Kuk Ng Po Ling Kindergarten-cum-Nursery Application Form of Admission

Applied class: Creation no:		Pre- Nursery (2-3years old) Application:	☐ Kindergarten (3-5years old) (Date/Month/Year)
Name in Chinese		Name in English	
Date of birth		Gender	☐ Male ☐ Female
Place of birth		Document type & Numbers	ID / Others(Remarks):
Email address			
Address			
Family members' information	Father	Mother	Guardian (Please state the relationship with child)
Name			
Contact No			
		Year) (If the admission is not able the waiting list and continue to	e to arrange according to your intended wait.)
How do you know ou	ır school: Newspaper	Relatives Website C	Others:
I understand that the	information in the form is v	used to apply for the service. I car	an choose whether to provide the
personal information in the form. I understand that the relevant information will be destroyed within 1 year after I no			
longer use it or wait f	or the service. In order to n	naintain relationship with you, p	lease ensure that the information you
fill in is sufficient and	d correct. Our school would	l be able to provide you with sch	nool trends, service promotion and
fundraising activities through mail, email, telephone or SMS.			
I agree / disagree to receive any information from Po Leung Kuk.			
	Sigr	nature of parents/ guardia	n:
The personal data col		used by the school to consider st	udents' admission and other direct
The personal data collected in this form will be used by the school to consider students' admission and other direct related purposes. The data is only for Po Leung Kuk's internal use. According to The Personal Data (Privacy)			
Ordinance, you have the right to access and correct your personal data. If you have any enquiries, please contact our			
school.	the right to decess and the	bot your porsonar amai 11 y oc	vo mily enquiries, preuse commer sur-
		ation above, otherwise the sc	chool will not be able to arrange
The following in	nformation are filled	by school:	
Signature of Staff	Received date	Signature of Principal	Signature of Assistant Principal Social Services Secretary
Remarks	Name of Staff:		
Date of notification o	of admission:		
Date of admission:	of admission: Date of withdrawal:		
Reason of withdrawa	1:		