Po Leung Kuk Chu Lee Yuet Wah Kindergarten-cum-Nursery Application Form of Admission

Applied class: Creche (0-2years old) Pre- Nursery (2-3years old) Kindergarten (3-5years old)

Application no:	Date of Application:		(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					
Intended Entry Date: entry date, it will auto		r) (If the admission is not able e waiting list and continue to	e to arrange according to your intended wait.)		
How do you know ou	r school: 🗌 Newspaper 🗌	Relatives Website	Others :		
I understand that the i	nformation in the form is use	d to apply for the service. I ca	in 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 for	or the service. In order to mai	intain relationship with you, p	lease ensure that the information you		
fill in is sufficient and correct. Our school would be able to provide you with school trends, service promotion and					
fundraising activities through mail, email, telephone or SMS.					
I agree / disagree to receive any information from Po Leung Kuk.					
Signature of parents/ guardian:					
The personal data coll	lected in this form will be use	ed by the school to consider st	udents' admission and other direct		
related purposes. The	data is only for Po Leung Ku	k's internal use. According to	The Personal Data (Privacy)		
Ordinance, you have t	the right to access and correct	t your personal data. If you ha	ve any enquiries, please contact our		
school.					
⁷ Parents must provi our child for admiss		on above, otherwise the so	chool will not be able to arrange		

The following information are filled by school:						
Signature of	f Staff	Received date	Signature of Principal	Signature of Assistant Principal Social Services Secretary		
Remarks	Name of Staff:					
Date of notification of admission:Date of withdrawal:						
Reason of withdrawal:						