## Po Leung Kuk Malina Ngai (Yau Oi) Kindergarten-cum-Nursery Application Form of Admission

Applied class: Application no		· · · · · · · · · · · · · · · · · · ·		) ☐ Kindergarten (3-5years old) (Date/Month/Year)
Name in Chin	nese		Name in English	T
Date of birth			Gender	☐ Male ☐ Female
Place of birth	ı		Document type & Numbers	ID / Others(Remarks):
Email address	s			1
Address				
Family members' information		Father	Mother	Guardian (Please state the relationship with child)
Name				
Contact No				
Intended Entry Date:(Month/Year) (If the admission is not able to arrange according to your intended entry date, it will automatically be transferred to the waiting list and continue to wait.)				
How do you know our school: Newspaper Relatives Website Others:				
I understand that the information in the form is used to apply for the service. I can 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 the service. In order to maintain relationship with you, please 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 ac	ctivities t	through mail, email, teleph	none or SMS.	
I agree /	disag	gree to receive any informa	ation from Po Leung Kuk.	
Signature of parents/ guardian:				
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.				
* Parents must provide the relevant information above, otherwise the school will not be able to arrange your child for admission.				
The follow	ving in	formation are filled	1 by school:	<del></del>
Signature of	f Staff	Received date	Signature of Principal	Signature of Assistant Principal Social Services Secretary
Remarks			Name of Staff:	<u> </u>
Date of notific		f admission:	Date of withdrawal:	l:
Reason of wit	thdrawal			