## Po Leung Kuk <u>Wong Siu Ching</u> <u>Kindergarten-cum-Nursery</u> Application Form of Admission

## 

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 aut		Year) (If the admission is not able to the waiting list and continue to	e to arrange according to your intended wait.)
How do you know o	ur school: 🗌 Newspaper	Relatives Website	Others:
I understand that the	information in the form is	used to apply for the service. I ca	n 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, p	lease ensure that the information you
fill in is sufficient an	d correct. Our school wou	ld be able to provide you with sch	nool trends, service promotion and
fundraising activities	s through mail, email, telep	phone or SMS.	
I 🗌 agree / 🗌 disa	agree to receive any inform	nation from Po Leung Kuk.	
	Sig	gnature of parents/ guardia	n:
The personal data co	llected in this form will be	used by the school to consider st	udents' admission and other direct
		g Kuk's internal use. According to	
			ve any enquiries, please contact our
school.	6	5 1 5	
* Parents must prov your child for admi		nation above, otherwise the se	chool will not be able to arrange
The following i	nformation are fille	d by school:	
Signature of Staff	Received date	Signature of Principal	Signature of Assistant Principal Social Services Secretary
Remarks	Name of Staff:		
Date of notification Date of admission:	of admission:	Date of withdrawal	:
Reason of withdraw	al:		