Po Leung Kuk Lam Ting Lai Ling Kindergarten-cum-Nursery 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 auto		Year) (If the admission is not ab to the waiting list and continue to	le to arrange according to your intended p wait.)
How do you know ou	r school: 🗌 Newspaper	Relatives Website	Others :
			can choose whether to provide the 1 be destroyed within 1 year after I no
longer use it or wait f	or the service. In order to	maintain relationship with you,	please ensure that the information you
fill in is sufficient and	l correct. Our school wou	Id be able to provide you with so	chool trends, service promotion and
fundraising activities	through mail, email, tele	phone or SMS.	
I agree / disag	gree to receive any inform	nation from Po Leung Kuk.	
	Si	gnature of parents/ guardi	an:
•		e used by the school to consider s g Kuk's internal use. According t	students' admission and other direct o The Personal Data (Privacy)
-	the right to access and co	rrect your personal data. If you h	ave any enquiries, please contact our
school.			
* Parents must provi your child for admis		nation above, otherwise the	school will not be able to arrange
The following in	formation are fille	ed by school:	
Signature of Staff	Received date	Signature of Principal	Signature of Assistant Principal Social Services Secretary

Remarks	Name of Staff:				
Date of notification of admission: Date of admission:			Date of withdrawa	Date of withdrawal:	
Reason of withdrawal:					