## Po Leung Kuk <u>Cheng Kwan How Yin Kindergarten-cum-Nursery</u> Application Form of Admission

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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:(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 use	ed 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, 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 activities through mail, email, telephone or SMS.					
I agree / disagree to receive any information from Po Leung Kuk.					
Signature of parents/ guardian:					
	Sigila	Sur o or particular Sur and			
The personal data col					
<u>^</u>	lected in this form will be use		udents' admission and other direct		
related purposes. The	lected in this form will be use data is only for Po Leung Ku	ed by the school to consider stu uk's internal use. According to	udents' admission and other direct		

The following information 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 of admission:Date of withdrawal:						
Reason of withdrawal:						