Po Leung Kuk Lui Chan Wai Ching Kindergarten-cum-Nursery Application Form of Admission

| Application no: | eche (0-2years old) Properties Pr | Application: | |
|--|--|---------------------------------|---|
| Name in Chinese | | Name in English | |
| Date of birth | | Gender | ☐ Male ☐ Female |
| Place of birth | | Document type & Numbers | ID / Others(Remarks): |
| Email address | | | <u> </u> |
| 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 b | be able to provide you with sch | nool 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: | | | |
| 1 1 4 0 0 0 11 | | | 1 d diam |
| 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 our child for admiss | | ion above, otherwise the sc | chool will not be able to arrange |
| The following in | formation are filled b | oy school: | |
| Signature of Staff | Received date | Signature of Principal | Signature of Assistant Principal Social Services Secretary |
| | | | |
| Remarks Name of Staff: | | | |
| Date of notification of | f admission: | | |
| Date of admission: | | Date of withdrawal: | : |
| Reason of withdrawal: | | | |