Po Leung Kuk Mr. & Mrs. Charlie Lee Kindergarten cum Nursery Application Form of Admission

Applied class: ☐ Cr Application no:	· -	☐ Pre- Nursery (2-3years old) of Application:	Date/Month/Year) ☐ Kindergarten (3-5years old)
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	s used to apply for the service. I ca	in choose whether to provide the
personal information	n 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	please ensure that the information you
fill in is sufficient an	nd correct. Our school wou!	ld 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.			
	Sig	gnature of parents/ guardia	in:
The personal data co	ollected in this form will be	e used by the school to consider st	tudents' 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 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 Date of admission:	of admission:	Date of withdrawal:	:
Reason of withdrawa	al:		