<u>Po Leung Kuk Tse Wong Pui Kuen Kindergarten-Cum-Nursery</u> Application Form of Admission

Applied class: Creche (0-2years old) Pre- Nursery (2-3years old) Kindergarten (3-5years old)

Application no:	Date of A	pplication:		(Date/Month/Year)			
Name in Chinese		Name in English					
Date of birth		Gender	□ Male	□ Female			
Place of birth		Document type & Numbers	ID / Othe	ers(Remarks):			
Email address							
Address							
Family members' information	Father	Mother		ardian (Please state the lationship with child)			
Name							
Contact No							
Intended Entry Date: entry date, it will aut		r) (If the admission is not able ne waiting list and continue to	-	e according to your intended			
How do you know of	ur 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 w	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 an	d correct. Our school would b	e able to provide you with sch	ool trends,	service promotion and			
fundraising activities	through mail, email, telephor	ne or SMS.					
I agree / disa	gree to receive any information	on from Po Leung Kuk.					
	Signature of parents/ guardian:						
The personal data co	llected in this form will be use	ed by the school to consider stu	udents' adr	nission and other direct			
•		ik's internal use. According to					
Ordinance, you have	the right to access and correc	t your personal data. If you ha	ve any enq	uiries, please contact our			
school.	-			_			
* Parents must prov your child for admis		ion above, otherwise the so	chool will	not be able to arrange			

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 wi	ithdrawal:	· · · · · · · · · · · · · · · · · · ·						