

Student Name				Please paste a recent photo here		
Gender		Date of Birth				
Place of Birth		Date of Entry				
H.K. Birth Cert. No / Oher Document No.						
Address						
Email Address						
Kindergarten	* <input type="checkbox"/> H.K. <input type="checkbox"/> Mainland					
Younger Siblings (siblings aged 12 or below)	Name : _____		School : _____		Grade : _____	
	Name : _____		School : _____		Grade : _____	
	Name : _____		School : _____		Grade : _____	
Parent(Guardian) Name			Relationship with the students	* <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others _____		
Occupation						
Contact number	Home :		Mobile Phone			
	Company :					
Primary One Admission result						
Reason for transferring school						
貴子女曾在小一「自行分配學位」階段遞申請予本校				* <input type="checkbox"/> YES / <input type="checkbox"/> NO		
貴子女在小一「統一派位」選校表選擇本校的志願為				* <input type="checkbox"/> First Choice/ <input type="checkbox"/> Second Choice/ <input type="checkbox"/> Third Choice/ <input type="checkbox"/> Other _____		

*Please fill in the appropriate blank with ✓

Signature of Parent / Guardian : _____

Date : _____

Note: The above information is only for application for admission and will be destroyed after the application

For School use only :

Result	<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	
Class		Remarks	

Date : _____

Signature of Staff: _____