

Po Leung Kuk Wai Yin Kindergarten cum Nursery

Application Form of Admission

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

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 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 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: _____			
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 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 admission:			
Date of admission:		Date of withdrawal:	
Reason of withdrawal:			