

樂善堂張葉茂清幼稚園

Lok Sin Tong Cheung Yip Mou Ching Kindergarten

2024-2025年度入學申請表

Application Form for Admission 2024-2025 (編號: )

NO:

若網上查核結果,請自行記下此編號

|  |  |  |
| --- | --- | --- |
| 學生姓名:(中文) Student Name (Chinese): | 學生姓名:(英文) Student Name (English): | 投考級別: Applying level上午班(AM) K1/K2/K3全日班(Whole day) K1/K2/K3 |
| 出生日期: 年 月 日Date of birth: / / (Year/ Month/ Day) | 出生地點: Place of birth: | 性別: Sex:女F / 男M | 年齡: Age: |
| 宗教:Religion: |
| 出生證編號:Birth certificate no: | 籍貫: 省 市/縣 Nationality: |
| 家 長 資 料 Parents information | 父 親 Father | (中文姓名) Chinese Name: | 身份證號碼:Identity card no:  ( ) |   近照一張 Photo |
| (英文姓名) English Name: | 職業:Occupation: |
| 公司電話:Office no: | 手提電話:Mobile no: |
| 母 親 Mother | (中文姓名) Chinese Name: | 身份證號碼: Identity card no: ( ) |
| (英文姓名) English Name: | 職業: Occupation: |
| 公司電話: Office no: | 手提電話: Mobile no: |
| 聯絡電郵:E-mail: |
| 監護人姓名: Guardian’s Name: | 關係: Relationship: | 電話: Tel no: |
| 住址: Address: | 住宅電話: Home tel no: |
| 通訊處:(如與住址不同)Other Address (if applicable): |
| 如全日班滿額，是否願意就讀半日 \*上 /下 午班? 願意 / 不願意 (\*請圈出意願)Are you willing to study in half-day classes if whole-day classes are unaviliable? Yes / No (\*Please circle the appropriate)  |
| 前就讀學校名稱(如適用):Name of previous school(if applicable) : | 轉校原因:Reason for transferring school: |
| 曾於本校就讀/畢業生之學生姓名及關係:Sibling(s)/relatives studied / currently studing in our school:□ 現就讀本校 姓名Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ 班別Class:\_\_\_\_\_\_\_\_\_\_ 關係Relationship: \_\_\_\_\_\_\_\_\_\_\_ Present Student 姓名Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ 班別Class:\_\_\_\_\_\_\_\_\_\_ 關係Relationship: \_\_\_\_\_\_\_\_\_\_\_□ 是本校畢業生 姓名Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ 班別Class:\_\_\_\_\_\_\_\_\_\_ 關係Relationship: \_\_\_\_\_\_\_\_\_\_\_  Graduates  |
| 填表日期 Date of filling in the form: |

#家長從何知悉本園招生的資訊: How did you know about our school admission information:

□本園網頁Website of our Kindergarten □幼稚園概覽Profile of Kindergartens □親戚Relatives □朋友Friends

□單張Leaflet □廣告Advertising

根據《個人資料（私隱）條例》，本申請表內有關個人資料將僅供校方作處理入學申請之用。在未得到申請人的同意之前，校方不會向第三者披露或轉移所收集得關於你的資料。

According to the Personal Data (Privacy) Ordinance, the personal data in this application form will only be used by the school to process the application for admission.Without the consent of the applicant, the school will not disclose or transfer the information collected about you to third parties.

如入學申請不被接納，校方將銷毀一切有關個人資料；成功申請者個人資料將會存入學生檔案中，並由校方保管。

If the application for admission is not accepted, the school will destroy all relevant personal data; the personal data of the successful applicant will be placed in the student’s file and will be kept by the school.

**\*請家長填寫背頁** Please turn over page **\***

樂善堂張葉茂清幼稚園

Lok Sin Tong Cheung Yip Mou Ching Kindergarten

 2024-2025年度家長問卷Parent Questionnaire

照顧者: 父母/外祖父母/祖父母/傭人/其他：

Caregiver : Parent / Grandfather / Grandmother / Helper / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

家中主要採用語言:廣東話/普通話/英語/其他：

Main language spoken at home: Cantonese / Mandarin / English / Others : \_\_\_\_\_\_\_\_\_\_\_\_\_

家長替子女選讀本校的原因?

Why would you choose our school for your child(ren) ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

家長對子女的期望?

What are your expectations for your child(ren) ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

家長對學校的期望?

What are your expectations for our school?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

你會怎樣與學校配合幫助孩子成長?

How will you work with our school to help your child(ren)’s development ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

家長簽署 日期

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_