

2023/2024 REGISTRATION FORM (入學申請表)

ATTACH PHOTO

OFFICE USE O	NLY
(本機構使用)	

Date Received: (收表日期)

Application Fees Received: (收申請費日期)

		OTHIDENT I	NEODMATION / 幽什				
			NFORMATION (學生				
Last Name:	ast Name: First Nan			Preferred Name:			
(姓)		(名)		(首選名稱)	(首選名稱)		
Date of Birth:	Gender:	Nationality:	HK Birth Certificate n	o. Hong Kong Permane	ent Resi <mark>dent:</mark>		
(出生日期)	(性別)	(國籍)	(香港出世紙號碼)	(香港永久性居民)			
				Yes	No (Vis <mark>a Expiry date:)</mark> _		
				是	否		
Home Address:				Home Phone No.:			
(住宅地址)				(住宅電話)			
First Language:		Other Language	e/(s):	Toileting Language:			
(第一語言)		(其他語言)		(如廁表示)			
Current school attending (if any): (現時就讀的學校, 如有)							
	DAD	ENTERCHADDIAN	JUNEODMATION (宏』	三/陀锥 √/全自\			
	r An	EN 13/GUARDIAI	N INFORMATION (家長	文/監護八佰心/			
Name of Parent 1:			Name of Parent 2:				
(家長姓名)			(家長姓名)				
Mobile Number:			Mobile Number:				
(手機號碼)			(手機號碼)				
Occupation:			Occupation:				
(職業)			(職業)				
Office Number:			Office Number:				
			(辦公室電話)				
(辦公室電話)							
E-mail Address:			E-mail Address:				
(電郵地址)			(電郵地址)				
Name of Guardian/Helper:			Guardian's/Helper's Mobile:				
(監護人/助手姓名)			(監護人/助手手機號碼)				
	DED00		== 00: =0T 0!!!! B	· · · · · · · · · · · · · · · · · · ·			
	PERSO	NS AUTHORISED	TO COLLECT CHILD	(被授罹接學生者) ————————————————————————————————————			
Name:			Mobile:				
(姓名)			(手機號碼)				
Name:			Mobile:				
(姓名)			(手機號碼)				
	ME	DICAL AND OTHE	ER NEEDS (醫療和其	其他需求說明)			
Does the applicant have any allerg	ies, prescribed medicat	ion, h <mark>ealth or physic</mark>	al concerns?	Yes (是)	No (否)		
(申請人是否有任何過敏・需要處	方藥・健康或身體問題	镇?)					
If yes, please give details:	222	,					
(如果是·請提供詳情:)							
Any other medical issues?							
(請列舉需要注意的醫療事項(如有))							
IN CASE OF EMERGENCY							
Name of Emergency Contact:							
(緊急聯絡人姓名)	(緊急聯絡人電話)						
(35710/49FMID/ C/XI II)			(SCANING) (-E	энн,			

PROGRAM (課程)	AM (9am - 12noon) 上午班 (9 - 12 時)		PM (1pm-4pm) 下午班 (1 - 4 時)						
SKYLIGHT (PN)	(1	1 27 (1)					
(aged 2-3 years: birth year 2021)									
(2-3 歳: 2021 年出生) RAINBOW (K1)									
(aged 3-4 years: birth year 2020)									
(3-4 歲: 2020年出生)									
CLOUDVIEW (K2)									
(aged 4-5 years: birth year 2019)									
(4-5 歳:2019 年出生)									
STARSEEDS (K3) (aged 5-6 years: birth year 2018)									
(5-6 歲: 2018年出生)									
ADDITIONAL INFORMATION (其他信息)									
Cibling's Name	ADDITIONAL INI OR			Condon M 5					
Sibling's Name: (兄弟姊妹姓名)	Date of Birth: (出生日期)	Gender: M F							
(元初州外立口) Sibling's Name:		Date of Birth:							
(兄弟姊妹姓名)		(出生日期)		(性别) (男) (女)					
How did you learn of Sunshine House International Presc	hool (Tung	(田工口州)		(1273) (23) (21)					
Chung)?(你如何知悉SSHTC幼稚園?)		spaper Advertisement	Facebook	Other :					
Website Word of Mouth (Referred by		spaper Advertisement 氏文章) (廣告)	racebook (臉書)	其他:					
(網站) (口碑/介紹人:)	· ·								
What is the educational path you have chosen for your cl	nild?	What are your language go	•						
(你為孩子選擇的教育路徑是什麼?)	4-4	(你為孩子選擇的語言目標		a de vive					
International School Local School Not yet decided (國際學校) (本地學校) (尚未決定)	aea	English Mandarin English and Mandarin (英語) (普通話) (英語和普通話)							
(南州子区) (南州州区)		(人間) (日旭間)	(人品加自延出	1					
	CHECKLIST	(
CHECKLIST (檢查清單)									
A completed and signed Admissions Form (填妥並簽署的報名表)									
One photograph of the applicant (affixed to the admissions form) (申請人的一張照片(貼在報名表上))									
Copy of the applicant's Birth Certificate and/or Passport (with valid HK visa, for non-local family) (申請人的出生證明和/或護照副本(有效的香港簽證·非本地家庭)									
Copy of applicant's immunization record & Report on Ph									
(申請人的免疫記錄複印件和身體檢查報告)									
Copy of parents' HKID and/or Passport (with valid HK visa (父母的香港身份證和/或護照副本(有效的香港簽證·									
Application Fee of HK\$ 40									
(報名費 HK\$ 40)									
DAD	ENTAL CONSENT AND AC	CEDTANICE (宏長同音	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
		`	HJ&X)						
1. I declare that the information given in this admi		and accurate.							
(我聲明本報名表格中提供的信息是真實的、完整的和準確的。) 2. I understand that only completed applications, including submission of application fee, and all required documents, will be considered									
for the processing of my child's application.									
(我明白·只有填妥的申請·包括遞交申請費及所有必須的文件·才會考慮處理我子女的申請。)									
3. I understand that the school fee is payable over 10 months of the year – from Spetmber 2022 to June 2023, and to fulfill the requirements of the contract and advance fee for my child's place.									
(我明白須支付 10 個月 <mark>學費-從 2022 年 9</mark> 月至 2023年 6月 及履行合約內容及繳交留位費)									
4. I understand that the application fee is non-refundable, non-transferable, and non-deferrable.									
(我明白,申請費不可退還、不可轉讓及不可推遲。) 5. I give my consent for for Sunshine House International Preschool (Tung Chung) to use the personal data provided in this form for the purpose of processing									
my child's application.									
(我同意, 貴幼稚園使用本表格提供的個人資料‧以處理我孩子的申請。)									
Parent Signature :		Date	:						
(家長簽署)	(日期)								
(-3-F-5/0) H.I									