



仁濟醫院山景幼稚園 / 幼兒中心

Yan Chai Hospital Shan King Kindergarten / Child Care Centre

地址: 新界屯門山景邨第一期社區會堂側

電話 Tel: 2455 1849

傳真 Fax: 2461 0410

Address: Adjacent to Community Hall, Shan King Estate Phase 1, Tuen Mun, N.T.

**入學申請表
Application Form**

編號 No. _____

甲部: 申請人資料 Part A : Applicant's Particulars

中文姓名 Name in Chinese	英文姓名 Name in English	性別 男 / 女 Sex M / F	相片 Photo
證件編號 Document No.	證件類別 Document Type	出生地點 Place of Birth	
出生日期 ____日____月____年 Date of Birth ____D____M____Y	到港日期(非本港出生者) Date of Arrival(Not born in H.K.)		
住址 Address	電話 Mobile No.		

乙部: 家庭資料

Part B : Family/Guardian's Particulars

關係 Relationship	姓名 Name	職業 Occupation	日間電話 Tel. No. (Day)	夜間電話 Mobile. No. (Night)	備註 Remarks
父親 Father					
母親 Mother					
監護人(如適用)* Guardian(if applicable)*					

* 如監護人屬申請人父母則無須填寫監護人一欄

No need to fill in the guardian column if the parents are guardians

丙部: 其他資料 (請在適當○內加 ✓)

Part C : Other Information (Please add✓to the appropriate○)

申請原因 _____ 期望入學日期及就讀班級 _____
Reason for Application _____ Expected Admission Date & Enroll in Class _____

介紹來源 自行申請 親友鄰里 社區團體轉介
Source of introduction Self-application Relatives, friends and neighbours Referral by community groups
 宣傳途徑 (單張、海報、展板等) 其他, 請註明
Publicity materials (leaflets, posters, display boards, etc.) Other, please specify _____

照顧情況 在家裏由家人照顧 由他人託管: *日託/日夜託 託嬰園: *日託/日夜託
Conditions of Care At home by family members By other: Day / Day and night Creche: Day / Day and night
 其他, 請註明
Other (Please specify) _____

家中常用語言 _____
Spoken language at home _____

家長注意事項 Notes for Parents

本中心可能將收集所得的個人資料向其他政府部門披露，以便核實資料及作其他有關的用途。

The Center may disclose the personal collected data to other Government departments for verification and other related purposes.

你必須在此表格提供所需個人資料。倘若所提供的資料不充足，本中心可能無法辦理有關申請。

You must provide the required personal data in this form. If the information provided is insufficient, the center may not be able to process the application.

此表格乃供輪候之兒童及入學兒童之家長/監護人自願填寫，台端所提供之資料，只供本機構及有關機構作為參考之用，家長可要求查閱及更正本機構存備之資料。

This form is filled in voluntarily by the parents/guardians of applicant. The information provided will only be used by this agency and related organizations for reference purpose. Parents/guardians can request to access and correct their personal data kept by this agency.

取消輪候之兒童，本表格及所交來之資料亦作即時銷毀。

For children who cancel the waiting list, this form and the submitted information will also be destroyed immediately.

中途退學及畢業生之資料將會永久保存。

The information of dropouts and graduates will be kept permanently.

本人謹聲明為上述申請人的家長/監護人*，本人已明白印於附頁有關於在此表格提供個人資料的用途，和有關查閱及改正資料的權利，本人並聲明此表格內的資料全屬正確無訛。

I declare that I am the parent/guardian* of the aforementioned applicant. I understand the purpose for which the personal data provided by means of the form will be used, as well as my rights for data access/correction as printed overleaf. I also declare that to the best of my knowledge and belief the information contained in this form is true and correct.

* 請將不適用者刪去 Delete whichever is inappropriate 1.

家長或監護人簽署:

Signature of Parent/Guardian: _____

日期:

Date: _____

<p>(一) 遞交申請表時，請連同以下文件寄回 / 交回本校</p> <p>Submitted the Application Form In-person of Mail to School</p> <p>a. 申請人出生證明文件副本一份 One copy of the birth certificate of the applicant</p> <p>b. 申請人防疫注射紀錄副本一份 One copy of the immunization record of the applicant</p> <p>c. 貼上郵票之回郵信封三個 Three stamped self-addressed envelopes</p> <p>d. 申請人近照兩張 Two passport size photo of the applicant</p> <p>(二) 報名費 Registry fee</p> <p>接受約見安排者，需要繳交報名費\$30元。 Those who accept the appointment arrangement need to pay the registration fee of \$30.</p>	機構專用 Institution only	
	收表日期: Submission Date	面試日期: Interview Date
	註冊日期: Registration Date	入學日期: Admission Date

SK/ADM-001