

CHRISTIAN ALLIANCE CHEN LEE WING TSING MEMORIAL KINDERGARTEN

Ref.: _____

Date of apply: _____

APPLICATION FORM

Student's name (English): _____	Sex: <u> </u> M / F	Fasten Photo Here
(Chinese): _____	Nationality: _____	
Date of birth: _____	Age: _____	
Place of birth: _____	Birth cert./Statutory declaration no.: _____	
Home address: _____		

Home tel. no.: _____ Religion: _____ Name of church: _____

Family background of applicant:

	Father	Mother	Guardian/Others
Name:			
Occupation:			
Office tel. no.:			
Mobile no.:			

Physical condition: _____

Studied in the other school? Yes / No Name of the school: _____

Family status: Brother(s) _____ Sister(s) _____

If you have a brother/sister who studied/is studying in our school, please state below:

Name: _____ Relationship: _____ Class _____

Class applied for:	K.1 <input type="checkbox"/>	K.2 <input type="checkbox"/>	K.3 <input type="checkbox"/>
Session applied for:	A.M. session <input type="checkbox"/> / P.M. session <input type="checkbox"/>		
	If A.M. session is full, do you agree to change to P.M. session? Y / N		

✳ Please submit the following documents with the application form to the school:

1. Original and photocopy of HK birth cert./passport/visa
2. Original and photocopy of immunization record card
3. 2 passport size photos
4. 2 self-addressed envelopes with address and stamp on it

Remark: If your child will not be admitted by the school, all copies and photographs will not be returned.

Parent's/Guardian's signature: _____

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CHRISTIAN ALLIANCE CHEN LEE WING TSING MEMORIAL KINDERGARTEN	Ref.: _____
<u>Interview pass</u>	
Applicant's name: (Chi) _____ (Eng) _____	Fasten Photo Here
Class & session applied for: AM / PM K.1 / K.2 / K.3 Sex: M / F	
Date of interview: _____ ()	
Time of interview: _____ a.m. / p.m.	
Date of notification: _____ ()	

School address: Wing A&B, G/F, Yiu Cheong House, Tin Yiu Estate, Tin Shui Wai

Tel : 2445 8469

Remark: The applicant's personal data will be used for admission only.