CHRISTIAN ALLIANCE CHEN LEE WING TSING MEMORIAL KINDERGARTEN Ref.&Receipt No.:____ Date of apply:_____ HK\$40 Application Fee: 25-26 APPLICATION FORM Student's name Sex: M / F (English): Fasten Nationality: (Chinese): Photo Date of birth: Age: Here Birth cert./Statutory declaration no.: Place of birth: Religion: Name of church: Home address Home tel. no.: 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: ______Sister(s) _____ Family status: Brother(s) If you have a brother/sister who studied/is studying in our school, please state below: Name: ______ Relationship: _____ Class _____ Class applied for: **K**.2 □ **K**.3 □ **K**.1 □ Session applied for: A.M. sesson \Box A.M. session \Box A.M. session \Box P.M. session \Box P.M. session □ P.M. session □ (Bilingual Class) (Bilingual Class) Learn about our school by: □ Leaflet □ Introduced by relatives and friends □ Banner □ Newspaper/Magazine □ Social Media □ School Website □ Other: Please submit the following documents with the application form to the school: Original and photocopy of HK birth cert./passport/visa Original and photocopy of immunization record card 2 passport size photos 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:_____ CHRISTIAN ALLIANCE CHEN LEE WING TSING MEMORIAL KINDERGARTEN Ref. & Receipt No.: Interview pass Applicant's name: (Chi)_____ (Eng)____ Class & session applied for: AM / PM K.1 / K.2 / K.3 Sex: M/F Fasten Photo Date of interview: _____(Here Time of interview: _____ a.m. / p.m. Date of notification:_____(HK\$40 Application Fee:____

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

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

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