

# CHRISTIAN ALLIANCE CHEN LEE WING TSING MEMORIAL KINDERGARTEN

Ref.&Receipt No. : \_\_\_\_\_

Date of apply: \_\_\_\_\_

HK\$40 Application Fee: \_\_\_\_\_

## 26-27 APPLICATION FORM

Student's name

(English): \_\_\_\_\_

Sex:      M / F

(Chinese): \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Birth cert./Statutory declaration no.: \_\_\_\_\_

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Home address \_\_\_\_\_

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 graduated/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. class <input type="checkbox"/>	A.M. class <input type="checkbox"/>	A.M. class <input type="checkbox"/>
	P.M. class(Bilingual) <input type="checkbox"/>	P.M. class(Bilingual) <input type="checkbox"/>	P.M. class(Bilingual) <input type="checkbox"/>
	Whole-day class <input type="checkbox"/>	Whole-day class <input type="checkbox"/>	Whole-day class <input type="checkbox"/>

Learn about our school by:  Leaflet       Introduced by relatives and friends       Banner

School Website       Newspaper/Magazine       Social Media       Other: \_\_\_\_\_

※ 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: \_\_\_\_\_

**CHRISTIAN ALLIANCE CHEN LEE WING TSING MEMORIAL KINDERGARTEN** Ref.&Receipt No. : \_\_\_\_\_

Interview pass

Applicant's name: (Chi) \_\_\_\_\_ (Eng) \_\_\_\_\_

Class & session applied for: AM / PM/ Whole-day      K.1 / K.2 / K.3      Sex: M / F

Date of interview: \_\_\_\_\_ (      )

Time of interview: \_\_\_\_\_ a.m. / p.m.

Date of notification: \_\_\_\_\_ (      )

HK\$40 Application Fee: \_\_\_\_\_

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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.