

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: _____

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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.