仁濟醫院郭子樑幼稚園/幼兒中心

Yan Chai Hospital Kwok Chi Leung Kindergarten/Child Care Centre

入學申請表	編號:	
Application Form	No.	

		Appli	cation Form			No.	
甲部:申請人資料 Part A: Applicant							
姓名(中文)		Name(In English))	性別 男/女 . Sex M/F			
證件編號		證件類別		出生地	黑占:		
Document No.		Document Type		Place of Birth:		相片	
出生日期(日)(月)(年)	到港日期(非本	到港日期(非本港出生者):				
Date of Birth	(d) (m) (y)	Date of Arrival (No	t born in H.K.)				
住址				電話			
Address			Tel. No				
	Guardian's Particulars						
關係	姓名	職業	日間電話		夜間電話	備註	
Relationship	Name	Occupation	Tel. No.(D	ay)	Tel. No.(Night)) Remarks	
父 Father							
☐ duici							
Mother							
監護人(附文件)#	:						
Guardian (Docum	ent)						
其他							
	 人父母則無須填寫盟 n the guardian colum		uardians				
丙部: 其他資料	↓ (請在適當□加"✓ rmation(put a "✓"in t	"")	,				
申請原因:				期望力	八學日期:		
Reason of Application	on		Expe	Expected Admission Date			
介紹來源: Source of Referral	□ 自行申請 □ Self-applicant Re]親友鄰里 elatives/Neighbours	□ 社區團體 Community Organia	zation		(單張、海報、展板等) nphlets, posters, exhibition board)	
	□其他,請註明 Others, please specify						
照顧情況: Conditions of care:	□ 在家裏由家人照 At home by family		他人託管:*日i v others:day/day an			園:*日託/日夜託 che: day/day and night	
	□其他,請註明 Others, please specify						
本人謹聲明為上述申此表格內的資料全屬		人已明白印於附頁有關	於在此表格提供個。	人資料的月	用途,和有關查閱及	及改正資料的權利。本人並聲明	
	s my rights for data acces is true and correct.					ta provided by means of the form vledge and belief the information	
日期			家基武監	雀 人 答写	罗		
Date:	家長或監護人簽署 Signature of Parent/Guardian:						

機構專用 For internal use only	
收表日期:	入學日期:
聯絡日期:	班 別:
致函日期:	退學日期:
接見日期:	退學原因:
註冊日期:	備 註:

家長/監護人注意事項

Notes for Parents/Guardian

- 1. 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 Centre may disclose the personal data collected to Government department for verification and other related purposes.
- 2. 你必須在此表格供所需個人資料。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 all the personal data required in this form. If information provided is insufficient/inadequate, the centre may not be able to process your application.
- **3.** 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 the 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.

- **4.** 取消輪候之兒童,本表格及所交來之資料亦作即時銷毀。 If the application is cancelled, this form and the material submitted will be destroyed immediately.
- 5. 中途退學及畢業生之資料將會永久保存。
 Information of dropouts and graduates of this Centre is kept permanently.
- 6. 任何與所收集的個人資料有關的查詢,包括要求查閱和改正資料,應提交:
 Enquiries relating to personal data collected including requests for access and correction sho

Enquiries relating to personal data collected, including requests for access and correction, should be addressed to:

單位地址: 香港西營盤高街九號地下上層(南)

Address 9 High Street, Ug / F (South) Sai Ying Pun, H.K.

網址: www.ychkclkg.edu.hk

電話: 2547 8250

Tel.

7. 遞交申請表時,請連同以下文件寄回/交回(單位地址)。

Completed form should be returned to (address)

7.1 貼上足夠郵費及回郵地址回郵 信封四個 4 enough postage envelopes with return address

7.2 申請人出生證明文件副本乙張

1 copy of the birth certificate of the applicant

7.3 申請人防疫注射紀錄副本乙張

1 copy of the immunization record of the applicant

7.4 父、母身份證副本乙張

1 copy each of the HKID Cards of the parents/guardians of

the applicant

7.5 申請人近照一張 (貼申請表上)

1 copy of the recent colour photo of the applicant.