



Address: Wing B and Part of Wing A, G/F, Hang Yip House Tel: 2434 8614 Fax: 2435 6126 Email: zc@ychkg.org.hk

Application Form

Application No.: _____

Part A : Applicant's Particulars (Please tick the appropriate boxes)

Name in Chinese:	Name in English:	Sex: M / F	Photo
Document No.	Identity document	Place of Birth:	
Date of Birth:	One-way Permit holder issued date(Non-Hong Kong -born) Date: _____ <small>(Our school does not accept the Exit-entry Permit holders of applicant enrollment)</small>		
<input type="checkbox"/> No Special education need <input type="checkbox"/> Special education need: _____(Please specify)			
Applying for Class: <input type="checkbox"/> N <input type="checkbox"/> K1 <input type="checkbox"/> K2 <input type="checkbox"/> K3			
If Applicant apply to study N Class(2 to 3 years old), Please tick the appropriate box <input checked="" type="checkbox"/>: <input type="checkbox"/> Will continue to study K1 <input type="checkbox"/> After studying N class and will not continue to study K.1			

Part B Parents / Guardian: (Please tick the appropriate boxes)

Information / Relationship	Name	Occupation	Mobile No.	Home Tele No.	<input type="checkbox"/> Applicant live with parents in Tsing Yi Cheung Hang Estate <input type="checkbox"/> Applicant do not live with parents <input type="checkbox"/> Applicant live with relative Please specify: _____
Father					
Mother					
#Guardian					

If the guardian of the applicant is his/her parents, do not fill in the information of the guardian.

School Announcement

Please return the application form with the following documents. (If there is any documents missing, the application will not be processed.)

- ★ A copy of birth certificate of the applicant
- ★ A photograph of the applicant.
- ★ A copy of immunization of the of the applicant.
- ★ 3 envelopes with address of the applicant and stamp affixed.

Note : If the parents give up the enrollment , this form and the information will be destroyed .

How did you find about our school? Relatives Internet Social Network Enrollment Banners
Friends Other_____

I declare that the above information provided by me is correct. Should there be any change, I will immediately inform the school. I understand that this application will be rejected by the school if the information I have provided is false.

Signature of parent or guardian: _____ Date: _____

For school	Date of form submitted:		Registration Date :	
	Contact Date:		Entry date :	
	Date of information :		Withdrawal date :	
	Date of interview :		Withdrawal reason:	
	<input type="checkbox"/> Admitted after assessment <input type="checkbox"/> Terminated after assessment reason: _____		Staff in charge :	
				Remark:

**Supplementary information (These information will be
Considered in the selection)**

1. Parent who graduated from our school, Name: _____ Year: _____
2. Brother / Sister who graduated from our school, Name: _____ Year: _____
3. Relative who graduated from our school, Name: _____ Year: _____
relationship with the applicant: _____
4. Recommendation by the social worker (A letter of recommendation)

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Please fill in the appropriate item

1. Applicant living with parents address: _____
2. Applicant living with relatives address: _____
3. Parents residential Address: _____

General information of the applicant

I. Health condition

- (1) Special medical record: Measles Chicken pox Mumps Other _____
- (2) Special medical need: Heart Spasm Trachea Arms and legs
 G6PD Others _____
- (3) Hospitalization records: Yes : _____ No

II. Eating

- (1) Favorite food: _____
- (2) Food avoid : _____
- (3) Feeding required : Always Sometimes Never
- (4) Tools p referred : Spoon Chopsticks Other
- (5) Eating habits : Walk Sit Play

III. Sleeping

- (1) Napping habit : Yes (_____ hours per day) No
- (2) Special sleep habit : Sucking finger Bite a corner of quilt Rub with furry doll Hug to y Others

IV. Toileting

- (1) Ways to express toilet need : Yes No Please specify: _____
- (2) Can wear pants off alone : Can Need to Assist Cannot

V. Self- care:

- (1) Can wear shoes and socks alone : Can Need to Assist Cannot
- (2) Can wear Clothes alone : Can Need to Assist Cannot

VI. Social and emotional

- (1) Favorite toy : Car Toy Sword Toy pistol Cooking set others
- (2) Triggers of fear : Person Matter Object
- (3) Ways to express emotions : Cry Roll on the floor Hit and bite Throwing others
- (4) Pack up toys after playing : Can Cannot Depend on mood
- (5) Punishment method : Hit Scold Ignore Others _____

- VII. language skills** : Single words General Articulate Village speech Others _____