



保良局屬下幼稚園
Po Leung Kuk Affiliated Kindergartens
2020 - 2021 年度
Application Form for Admission 入學申請表

學校名稱：保良局鄧碧雲紀念幼稚園 School Name : Po Leung Kuk Tang Bik Wan Memorial Kindergarten				申請編號 Ref :			
Please select the grade level for which you are applying 請選擇申請年級* : <input type="checkbox"/> K1 幼兒班 <input type="checkbox"/> K2 低班 <input type="checkbox"/> K3 高班							
Part A 第一部份				Photo 相片			
Applicant's Information 申請之幼兒資料							
Name 姓名* :		Chinese 中文					
		English 英文					
		(Surname 姓)		(First Name 名)			
Sex 性別* :		<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女					
Birth Certificate / Others: (Please state) 出生證明書/其他證件* : (請註明) _____				Document No. 證件號碼 :			
Date of Birth 出生日期* :				Place of Birth 出生地點* :			
Nationality 國籍* :				Spoken Language at Home 在家使用語言* :			
Address 地址* :		Chinese 中文					
		English 英文					
Home Tel. 住宅電話* :				Email Address 電郵地址* :			
Former School 曾就讀之學校 :							
Session Choice 入讀志願* :		<input type="checkbox"/> AM Session 上午班 <input type="checkbox"/> PM Session 下午班 <input type="checkbox"/> WD Session 全日班					
If the session you have chosen is already full, are you willing to move to the other session allocated by us? 如閣下所選的志願班別額滿時，是否同意由本園編排其他班別學位？ <input type="checkbox"/> Yes 願意 <input type="checkbox"/> No 不願意							
Part B 第二部份							
Parent's / Guardian's Information 父 / 母 / 監護人資料							
Father 父 :							
Name in Chinese 中文姓名 :				Occupation 職業 : (Optional 可自由填寫)			
Name in English 英文姓名 :				Mobile Tel. 手提電話 :			
Mother 母 :							
Name in Chinese 中文姓名 :				Occupation 職業 : (Optional 可自由填寫)			
Name in English 英文姓名 :				Mobile Tel. 手提電話 :			
Guardian 監護人 :				Relationship 關係 :			
Name in Chinese 中文姓名 :				Occupation 職業 : (Optional 可自由填寫)			
Name in English 英文姓名 :				Mobile Tel. 手提電話 :			

Part C 第三部份		
Other Information 其他資料		
a. Is the applicant's brother(s) or sister(s) studying in this school? 該生之兄姊是否正在本園就讀？	<input type="checkbox"/> Yes 是 Name Class 姓名：_____ 現讀班別：_____	<input type="checkbox"/> No 否
b. Are any parents or brother(s) or sister(s) a former student of this school? 該生之父母及兄姊是否本園畢業生？	<input type="checkbox"/> Yes 是 Name Year of Graduation 姓名：_____ 畢業年份：_____	<input type="checkbox"/> No 否
Name of Parent/Guardian: 家長/監護人姓名：_____	Signature of Parent/Guardian: 家長/監護人簽署：_____	Date: 日期：_____

「收集個人資料聲明」

- ## Collection of Personal Data

1. Please note that it is mandatory for you to provide the personal data marked with (*). In the event that you do not provide such personal data, the kindergarten may not be able to process your application.
2. According to the Personal Data (Privacy) Ordinance, the above Personal data provided will be used solely for the purpose of admission and the data will only be handled by the kindergarten in this connection. The information collected about you will not be disclosed or transferred to third parties without your prior consent.
3. The application of unsuccessful candidates will be destroyed. The application of successful candidates will become part of the student file; in connection with this data will thereafter be handled by the kindergarten.
4. In accordance with the Personal Data (Privacy) Ordinance, applicants have the rights of access to and correct the personal data contained in the application form, and the right to request a copy of such data. Applicants wishing to access or make corrections to the data should submit written requests to the clerks at the reception.