Po Leung Kuk Ng Po Ling Kindergarten-cum-Nursery Application Form of Admission

Applied class: ☐ Cree Application no:	-) ☐ Kindergarten (3-5years old) (Date/Month/Year)
Name (in Chinese)		Name (in Engli	ish)
Date of birth		Gender	☐ Male ☐ Female
Place of birth			
Email address			
Home Address			
Parents/ Guardian's particulars	Father	Mother	Guardian (Relationship with child)
Name			
Contact Phone No.			
Expected Entry Date: entry date cannot be an		r) (The application will be tra	ansferred into waiting list if the expected
How do you know our	school: Newspaper	Relatives Website	Others:
I understand that the in	nformation provided above v	vill be used primarily for this	application, the extent of disclosure is
at my discretion and th	his record will be destroyed v	within 3 years upon my termi	nation for the service.
In the interest of our e	ffective communication, plea	ase ensure the information pr	ovided above is sufficient and correct.
Our school will keep y	you posted on our latest news	s, promotion and fundraising	events by post, email, phone or SMS.
I agree / disa	agree to receive any informat	tion from Po Leung Kuk.	
	Par	ent/ Guardian's signatu	ıre:
The personal data coll	ected in this form will be use	ed by the school to consider s	tudents' admission and other direct
related purposes. The	data is only for Po Leung Ku	ık's internal use. According to	o The Personal Data (Privacy)
Ordinance, you have t'	he right to access and correct	t your personal data. If you h	ave any enquiries, please contact our
school.	<u>,</u>		
application.			aybe unable to process your
The following in	formation are filled b	y school:	
Signature of Staff	Received date	Signature of Principal	Signature of Assistant Principal Social Services Secretary
Remarks	Name of Staff:		
Date of notification of Date of admission:	admission:	Date of withdrawa	1:
Reason of withdrawal:	•		
	Signa	ature of Principal/ Supervisor:	: