

**Po Leung Kuk Yuen Long
Kindergarten-cum-Child-Care-Centre
Application Form of Admission**

Application for: Infant (Age: 0-2) / Nursery (Age: 2-3) / K1-K3 (Age: 3 – 5)

Application No.:

Application Date:

(dd/mm/yy)

Name in English:		Gender:	<input type="checkbox"/> F / <input type="checkbox"/> M	Date of birth:	
Name in Chinese:		Place of birth:		Age:	
Tel no.:	(Home)	Identity Card No. / Passport No.:	<input type="checkbox"/> Identity Card No.: _____		
	(Father)		<input type="checkbox"/> Passport: _____		
	(Mother)		<input type="checkbox"/> Others: _____		
	(Emergency)	E-mail:			
(Fax)					
Home Address:					

FAMILY DETAILS					
Name	Relationship	Identity Card No. / Passport	Education	Occupation	District of Work

Expected Entry Date: _____ (yy/mm/yy)

(The application will be transferred into waiting list automatically if the expected entry date cannot be arranged.)

Where did you obtain the information of our school? Newspaper Friends or Family Website Others _____

Po Leung Kuk will constantly release updated information (The latest information from Po Leung Kuk, services promotion, fundraising activity) via post, e-mail, telephone, SMS, or fax. We would use the contact information you have provided

I agree / disagree to receive Po Leung Kuk's updates.

Parent/Guardian's Signature

Relationship: Father Mother Guidance

FOR OFFICIAL USE ONLY			
Received date	Received by	Principal's signature	Assistant Principal Social Services Secretary's signature
Remarks			Remarks by : _____
Date of notifying admission	Date of admission	Date of withdrawal	Reason and date of withdrawal