

# Po Leung Kuk Choi Kai Yau Kindergarten-Cum-Nursery Application Form of Admission

Applied class:  Creche (0-2years old)  Pre- Nursery (2-3years old)  Kindergarten (3-5years old)

Application no: \_\_\_\_\_ Date of Application: \_\_\_\_\_ (Date/Month/Year)

Name (in Chinese)		Name (in English)	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> 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: _____ (Month/Year) (The application will be transferred into waiting list if the expected entry date cannot be arranged.)			
How do you know our school: <input type="checkbox"/> Newspaper <input type="checkbox"/> Relatives <input type="checkbox"/> Website <input type="checkbox"/> Others : _____			
I understand that the information provided above will be used primarily for this application, the extent of disclosure is at my discretion and this record will be destroyed within 1 year upon my termination for the service.			
In the interest of our effective communication, please ensure the information provided above is sufficient and correct.			
Our school will keep you posted on our latest news, promotion and fundraising events by post, email, phone or SMS.			
I <input type="checkbox"/> agree / <input type="checkbox"/> disagree to receive any information from Po Leung Kuk.			
<b>Parent/ Guardian's signature:</b> _____			
The personal data collected in this form will be used by the school to consider students' admission and other direct related purposes. The data is only for Po Leung Kuk's internal use. According to The Personal Data (Privacy) Ordinance, you have the right to access and correct your personal data. If you have any enquiries, please contact our school.			

**\* Parents must provide the information above, otherwise the school maybe unable to process your application.**

<b>The following information are filled by school:</b>			
Signature of Staff	Received date	Signature of Principal	Signature of Assistant Principal Social Services Secretary
Remarks	Name of Staff:		
Date of notification of admission:			
Date of admission:		Date of withdrawal:	
Reason of withdrawal:			
Signature of Principal/ Supervisor:			