

## Tung Wah Group of Hospitals Lions Club of The Peak, Hong Kong Nursery School <u>Application Form</u>

| 1. Personal details            | of child:  |   |   |                     |                          |  |  |
|--------------------------------|--|---|---|---------------------|--------------------------|--|--|
| Name: (English) _              |  |   |   |                     | Recent                   |  |  |
|                                | (Surname)  | (First)                                     | (Middle)  |                     | photo of                 |  |  |
| (Chinese)                      |  |   |   |                     | the child                |  |  |
| Date of birth:                 |  | Age :                                       | Sex:M/F   |                     |                          |  |  |
| Birth Certificate N            | umber:   |   |   |                     |                          |  |  |
| Place of birth:□ +             | IK □ China (Ma   | inland)□Other                               | country:  |                     |                          |  |  |
| Nationality:                   |  | Religion:_                                  | For school  | For school use ONLY |                          |  |  |
| Special needs:                 | skin allergy_<br>special illnes<br>special beha<br>learning diff | Submissio Receiver's Enrolling ( Date of co | Application number:  Submission Date:  Receiver's signature  Enrolling Category: □ N □ P □ I  Date of contact:  Date of notification:  Date of Appointment: |                     |                          |  |  |
| Residential Address: (English) |  |   |   | Result of t         | Result of the Interview: |  |  |
| (Chinese)                      |  |   |   | Interviewe          | er's Signature:          |  |  |
| Contact No:                    |  |   |   |                     | Imission:                |  |  |
| E-mail:                        |  |   |   |                     | ithdrawal:               |  |  |
|                                |  |   |   |                     |                          |  |  |

## 2. Family Members/Guardian:

|    | NAME    |         | C   | HK ID  |     | Dalatia a abia |              | *=         | Working  | Telephone |
|----|---------|---------|-----|--------|-----|----------------|--------------|------------|----------|-----------|
|    | English | Chinese | Sex | number | Age | Relationship   | # Occupation | *Education | District | (Work)    |
| 1. |         |         |     |        |     | Father         |              |            |          |           |
| 2. |         |         |     |        |     | Mother         |              |            |          |           |
| 3. |         |         |     |        |     |                |              |            |          |           |
| 4. |         |         |     |        |     |                |              |            |          |           |
| 5. |         |         |     |        |     |                |              |            |          |           |
| 6. |         |         |     |        |     |                |              |            |          |           |

Remarks #: (H) Housewife

(P) Professional

(M) Manual work

(S) Service sector

| *:                 | (W) Manufacturing<br>(P) Primary level                 | (C) Clerical<br>(S) Secondary level |                         | (O) Others               |  |  |  |
|--------------------|--|-------------------------------------|-------------------------|--------------------------|--|--|--|
| 3. Has the before? | applicant received a                                   | ny early childhood s                | ervice (e.g. playgrou   | p, child care centre)    |  |  |  |
|                    | No □ Yes   | (Please specify:                    |                         | )                        |  |  |  |
| 4. Reasons         | for going to school:                                   |                                     |                         |                          |  |  |  |
|                    | Working parents  | ☐ To lea                            | arn social living       |                          |  |  |  |
|                    | To care for family me                                  | mber with special nee               | eds                     |                          |  |  |  |
|                    | ☐ Referred by social worker ☐ Others (Please specify:) |                                     |                         |                          |  |  |  |
|                    | also understand that of application.                   |                                     |                         | ,                        |  |  |  |
|                    |  | Parent's si                         | gnature:                |                          |  |  |  |
|                    |  |                                     | Date:                   |                          |  |  |  |
| ✓ Please t         | ick the appropriate bo                                 | X                                   |                         |                          |  |  |  |
|                    | This Nursery School will information provided a        |                                     |                         |                          |  |  |  |
|                    | staff of Tung Wah Group                                | a of Hospital the scho              | al may also disclose th | and data to the relevant |  |  |  |

staff of Tung Wah Group of Hospital, the school may also disclose the data to the relevant

person(s) / department(s) :

i) government departments related to the school in determining your child's application, like the Education Bureau, the Social Welfare Department and the Department of Health.

- ii) related person(s) / department(s) that you have given consent to disclose information in the declaration.
- iii) disclosing information to related person(s) / department(s) passed by law/ under the enforcement of law.

(Revised on: 09/2014)