|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (由校方填寫) |  | | | | | |  | 兒童相片 | | |
| **Cross CR NO./YEAR/CP NO.** |  | | | | | |  |
| 編號： / / | **香港明愛學前教育及扶幼服務** | | | | | | |
| 登記日期： ˍˍˍˍˍˍ | **明愛香港崇德社幼兒學校** | | | | | | |
|  |  | **入學申請表** | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

兒童姓名（中文） (英文） 性別

出生日期 年 月 日 出生地點 出生證明書號碼

年齡 家庭宗教 籍 貫

住址

電話 電郵地址 家長使用語言

曾就讀幼稚園/幼兒學校 班級 現擬申請之班級

有否子女/親屬/朋友/現在/曾經在本校就讀 □ 有 姓名 與兒童關係

□ 無

**家庭成員概況**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **父親** | **母親** | **監護人** |
| 中文姓名 |  |  |  |
| 英文姓名 |  |  |  |
| 身份證號碼*(首4個字母及數字)* |  |  |  |
| 教育程度(小學/中學/大學/其他) |  |  |  |
| 職業 |  |  |  |
| 工作電話號碼 |  |  |  |
| 手提電話號碼 |  |  |  |
| 工作地區 |  |  |  |
| 監護人與兒童關係 | 不適用 | 不適用 |  |

**其他同住的家庭成員**〈包括同住的未婚子女及受供養的父母〉：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓　　名 | 性別 | 年　齡 | 與兒童關係 | 職業/就讀班級 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(請看後頁)

|  |  |
| --- | --- |
| **認識本校途徑：**  **(可選擇多項)** | 🗆親屬 / 🗆朋友 / 🗆網頁 / 🗆學校活動 / 🗆地區活動 |
| 🗆其他 (請列出) : |

**家長選擇本校原因**：

**家長會否申請學費減免計劃**： 🗆會 🗆不會

備註：

|  |  |
| --- | --- |
| **個人資料收集聲明** | |
| - | 本服務收集你及貴子弟的個人資料，目的是為你提供所需要的服務或援助，並作為監察、檢討及改進服務質素之用。 |
| - | 以上的資料除了給本服務的職員使用外，亦會視乎需要而轉交有關的支援部門／機構。 |
| - | 你可以要求查閱及改正本服務備存你及貴子弟的個人資料。 |

**本人聲明所報資料屬實**

家長簽名：

日 期：

(由校方填寫)

入校日期：

離校日期： 離校原因：升小一/搬遷/其他

備 註 ：

學費減免初步計算：

1. 家庭全年總收入： 2. 家庭成員總人數：

3. 預計學費可減免幅度： □ 100% □ 75% □ 50% □ 不獲減免

1/9/2016 修訂

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (To be filled in by School) |  | | | | | |  | (Photo) | | |
| Cross **CR NO./YEAR/CP NO.** |  | | | | | |  |
| Ref. No.： / / | **Caritas Pre-school Education & Child Care Service** | | | | | | |
| Registration Date： ˍˍˍˍˍˍ | **Caritas Zonta Club of Hong Kong Nursery School** | | | | | | |
|  |  | **Application Form** | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Name (Chinese) (English) Sex

Date of Birth / / (Yr/Month/Day) Place of Birth HK Birth Certificate No.

Age Religion Native Place

Address

Telephone No. Email Address Language used by parents

Nursery/Kindergarten attended Class attented Class Applied for

Any children/relative/friend □ Yes Name Relationship w/ Children

attending/attended this school □ No

**Details of Family Member(s)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Father** | **Mother** | **Guardian** |
| Name (Chinese) |  |  |  |
| Name (English) |  |  |  |
| HKID No. *(first 4 digits)* |  |  |  |
| Academic Qualification  (Primary school/Secondary school/Tertiary Institute/Others) |  |  |  |
| Occupation |  |  |  |
| Office Tel No. |  |  |  |
| Mobile Phone No. |  |  |  |
| Working District |  |  |  |
| Relationship with children | NA | NA |  |

**Other Relatives living together Children**(including unmarried children and dependent parents)：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Sex | Age | Relationship w/Children | Occupation/Class Attending |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(to be cont.)

|  |  |
| --- | --- |
| **Way(s) of knowing our school：**  **(**Please indicate with “✓” in the appropriate boxes :**)** | 🗆 Relative(s) / 🗆 Friend(s) / 🗆 Website / 🗆 School Activity / 🗆 District Activity |
| 🗆 Other (Please specify) : |

**Reason(s) of selecting our school**：

**Whether parents will apply for Fee Remission Scheme**： 🗆 Yes 🗆 No

Remarks：

|  |  |
| --- | --- |
| **Personal information collection statement** | |
| - | The personal data of you and your children collected by our Service will be used to provide appropriate service or assistance, to monitor, evaluate and improve our service quality. |
| - | The information will be made available to our staff on a need-to-know basis. It may be disclosed to the relevant departments or organizations as requested when supporting services are applied from them. |
| - | You can request for access to and correction of your or your children’s personal data. |

I hereby declare that all the above information is true and complete.

Signature：

Date ：

(FOR NURSERY SCHOOL/KINDERGARTEN USE ONLY)

Date of Admission ：

Date of Discharged ：

Reason of Discharged：Graduation/Removal/Other

Remarks ：

Calculation of Fee Remission：

1. Total Family Income(Yearly)： 2. Total Family Members：

3. Estimated Amount of Fee Remission Level： □ 100% □ 75% □ 50% □ No Remission

**Revised on 1/9/2016**