

請於9月30日前以親身或

郵寄方式交回此報名表

申請編號 No: _____



Ho Lap Kindergarten (Sponsored by Sik Sik Yuen)

九龍慈雲山慈樂邨樂信樓地下

電話: 23248201

網址: <http://www.siksikyuen.org.hk>

新生報名表

(一) 學生資料

中文姓名: _____ 性別: ☐男 ☐女

英文姓名: _____ 出生日期: _____年____月____日

出生證號碼: _____ 出生地點: _____

通訊地址: _____

電話: _____ 電郵地址: _____

曾就讀之幼稚園/幼兒園/幼兒中心名稱: _____

曾參加的學前活動: _____

(二) 家長資料

	姓 名	職 業	公司電話	手提電話
父親				
母親				
監護人				

申請入讀: ☐上午班 ☐全日班

申請級別: ☐ K1 幼兒班(3-4 歲) ☐ K2 低班(4-5 歲) ☐ K3 高班(5-6 歲)

校車服務: ☐要 ☐不需要

(三) 曾在本校就讀親友資料

中文姓名	關係	現讀班別/畢業年份

請轉後頁→

(四) 如申請人遇有急事或意外，可通知下列人士：

姓名	性別	年齡	與申請人之關係	地址	電話

資料用途說明：

上述資料，本園會用作評定申請及接受幼兒服務與教學評估的有關事宜。本園亦可能會就須處理有關幼兒服務的部門及政府機構（如教育局、社會福利署、衛生署、學生資助辦事處或其他按法例要求索取資料的機構）轉移及披露有關資料。向本園提供個人資料（包括身份證號碼），純屬自願。如你未能提供足夠的個人資料，本園可能無法處理你的申請。本園備有《個人資料（私隱）條例》政策及指引供申請人閱覽，申請人如對上述有任何查詢，歡迎與本園職員聯絡。

聲明：本人同意及已獲表格上其他人士的同意，將個人資料按上述資料用途說明辦理。

日期：

家長簽署：

報名手續

報名費：每位四十元正（再由校方安排約見幼兒）

並請連同下列文件交回：

1. 幼兒出生證明書副本
2. 針咭副本
3. 幼兒相片兩張，尺寸：1.5 吋 X 2 吋
4. 白色回郵信封三個，尺寸：4 吋 X 9 吋（請寫上地址、幼兒姓名及貼上\$2 郵票）

(以下由校方填寫)

報名日期: 年 月 日	報名費收據編號:
面試日期: 年 月 日	經手人:
欠資料: <input type="checkbox"/> 出生證明書副本 <input type="checkbox"/> 相片__張 <input type="checkbox"/> 回郵信封__個 <input type="checkbox"/> 針咭副本	
備註:	日 期:

以上個人資料只供入學之用



Ho Lap Kindergarten (Sponsored by Sik Sik Yuen)

G/F, Lok Shun House, Tsz Lok Estate, Tsz Wan Shan, Kowloon

Tel.no.: 23248201

Website : <http://www.siksikyuen.org.hk>

Enrollment Form

1. Student Information

Chinese name: _____ Gender: ☐ Male ☐ FemaleEnglish name: _____ Date of birth: _____
(dd/mm/yyyy)

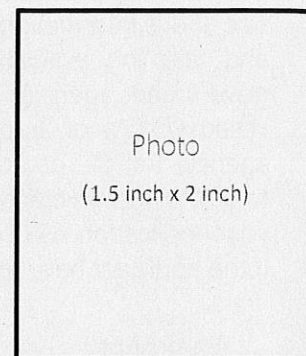
I.D. no.: _____ Place of birth: _____

Address: _____

Tel. no.: _____ Email address: _____

Name of the kindergarten/child center studied before: _____

Preschool activities attended before: _____



2. Parents' information

	Name	Occupation	Office tel. no.	Mobile phone no.
Father				
Mother				
Guardian				

Session enrolled: ☐ a.m. class ☐ Full-day classClass enrolled: ☐ K1 ☐ K2 ☐ K3School bus service: ☐ Need ☐ Do not need

3. Family members who have studied in our school

Chinese name	Relationship	Class/ Year of graduation

4. Emergency contact :

Name	Gender	Age	Relationship	Address	Tel.no.

Information Application :

The above information, SSY will use to assess the application and acceptance of the issues of child care services and teaching evaluation. SSY may also have to deal with it on early childhood service providers and government agencies (such as the Department of Education, Social Welfare Department, the Department of Health, Office of Student Financial Assistance by statutory requirements or other requests for information agency) Transfer and disclosure of relevant information. Providing personal information (including ID number) to SSY, is purely voluntary. If you do not provide sufficient personal information, SSY may not be able to process your application. SSY have the "Personal Data (Privacy) Ordinance" Policy and Guidelines for applicants to read. If the applicant have any queries, please contact the staff of SSY.

Statement :

I, and the persons stated on the application form, acknowledge and agree that the personal particulars will be use according to the above 'information application guidelines'.

Date :

Signature :

Application Guidelines

Application fees : \$ 4 0 (School will arrange interviews afterwards)

Please also bring the following documents:

1. Copy of child's Birth Certificate
2. Copy of Immunisation Record
3. Two child's photos (size : 1.5 inch X 2 inch)
4. Three envelopes (size : 4 inch X 9 inch) with child's name, address and \$2 stamp

(For office use only)

Application received on: _____	Receipt no. : _____
Date of interview: _____	Received by: _____
Document not received: <input type="checkbox"/> Copy of child's Birth Certificate <input type="checkbox"/> ____ child's photos <input type="checkbox"/> Copy of Immunisation Record <input type="checkbox"/> ____ envelopes	
Remarks: _____	Date: _____

The above personal data is for enrollment only.