


PART I. STUDENT INFORMATION

Full English Name Lee Kei Yee		Chinese Name 李基兒		
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Age 1.8	Date of Birth (dd / mm / yy) 26 / 03 / 2022		
Nationality H.K	Birth Certificate/Passport No. S 123456 (7)	Previous school(s) attended NIL		
Home Address NO XX, XX ROAD, TIN HAU, HONG KONG				
Class applying for <input checked="" type="checkbox"/> Pre-Nursery PN <input type="checkbox"/> Kindergarten K1 <input type="checkbox"/> Kindergarten K2 <input type="checkbox"/> Kindergarten K3				
Stream (choose one only): <input type="checkbox"/> Local A.M. <input type="checkbox"/> Local P.M. <input checked="" type="checkbox"/> International A.M. <input type="checkbox"/> International P.M.				
Do you wish to take up a place as soon as your child turns two years old? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		School Bus required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Referee (non-family)
If there are other family members attending our school, please provide <i>name, class and attending year</i> below.				

Sample**PART II. PARENT INFORMATION**

FATHER		MOTHER	
Full English Name Lee Tai Man	Chinese Name 李大文	Full English Name Chan Mei Mei	Chinese Name 陳美美
Company Name XXX XXX Company	Occupation Manager	Company Name NIL	Occupation House wife
Email XXX@gmail.com	Phone 1234 5678	Email XXX@gmail.com	Phone 8765 4321
Education Institute (optional) ABC University	Level of Education ABC	Education Institute (optional) DEF University	Level of Education DEF

FOR OFFICE USE ONLY

Class: _____ (Local / International Class / AM / PM)

Interview Date: 2nd December, 2023 Time: _____ (A.M. / P.M.) Remarks: _____ Date: _____ Copy of Birth Certificate or Passport Copy of Immunization Record Application Fee (Cash / Cheque no. _____) Four Self-addressed and Stamped Envelopes