



東華三院

Tung Wah Group of Hospitals

機密

CONFIDENTIAL

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| 申請編號 Application No.: | |

東華三院蕭旺李滿福幼兒園

TWGHs Shiu Wong Lee Moon Fook Nursery School

育嬰部入學申請表

Day Crèche Service Application Form for Admission

甲部：申請人資料

Part I: Applicant's Particulars

| | | | | |
|--|--|-----------------------------------|---|-------------|
| 中文姓名 Name in Chinese | | 性別 Sex | <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F | 相片 Photo |
| 英文姓名 Name in English | | 年齡 Age | | |
| 出生日期/ [◇] 預產期 Date of Birth/ [◇] Due Day: | | 出生地點 Place of Birth | | |
| #出生證明書號碼 #Birth Certificate No. | | 家中常用語言 Spoken language at home | | |
| 住址 Home Address | | | | |
| 電話 Telephone No. | | 電郵地址 Email Address | | |

◇請附夾證明文件副本。 Please attach a copy of the birth certificate on proof document or mother's due date.

如使用出生證明書以外的身份證明文件，請註明。 If identity document(s) other than Birth Certificate is used, please specify.

乙部：家長/監護人資料

Part II: Parent/Guardian's Particulars

| | 父親 Father | 母親 Mother | 監護人(請註明關係:_____) Guardian(Relationship:_____) |
|----------------------------|--------------|--------------|--|
| 中文姓名 Name in Chinese | | | |
| 英文姓名 Name in English | | | |
| 日間聯絡電話 Contact No. | | | |
| +教育程度 +Education Level: | | | |
| *職業 * Occupation: | | | |
| 工作地區 Work District | | | |

備註Remarks + : (P) 小學Primary level (S) 中學Secondary level (U) 大學 University level (O) 其他 Others

* : (H) 主婦 Housewife (M) 體力工作Manual work (S) 服務行業Service sector (C) 文職Clerical

(P) 專業工作Professional (O) 其他 Others

丙部：現/曾就讀本幼兒園的兄弟姐妹資料 (如適用)

Part III: Particulars of Siblings attending/having attended this Nursery School (if applicable)

| | 姓名 Name | 與兒童關係 Relationship |
|---|---------|--------------------|
| 1 | | |
| 2 | | |

丁部：其他資料(可選擇填寫)

Part IV: Other information (Optional)

| | |
|---|---|
| 家庭狀況: Family status | 兄弟 Brother(s): _____ 姊妹 Sister(s): _____ 其他同住家人 Other family members, please specify: _____ |
| 認識本園途徑 Learn about our school | <input type="checkbox"/> 本校網頁 School website <input type="checkbox"/> 兄姊就讀本校 Graduated or currently studying Sibling(s) <input type="checkbox"/> 幼兒園單張/橫額 Leaflet/Banner <input type="checkbox"/> 親友推薦 Recommended by relatives/friends <input type="checkbox"/> 其他 Others, please specify: _____ |
| 申請入學原因: (可選多於一項) The reason(s) of applying our school (can select more than one answer) | <input type="checkbox"/> 就近居所 Close to residence <input type="checkbox"/> 欣賞本園教學模式 Appreciate our teaching style <input type="checkbox"/> 優良師資 Experienced teachers <input type="checkbox"/> 親友介紹 Introduced by relatives/friends <input type="checkbox"/> 校舍環境 School environment <input type="checkbox"/> 信賴辦學團體 Trust in the educational operator <input type="checkbox"/> 校譽良好 Good Reputation <input type="checkbox"/> 其他 Others, please specify: _____ |
| 社會需要(如適用) Social Needs(if applicable) | <input type="checkbox"/> 雙職家庭 Working parents <input type="checkbox"/> 單親家庭 Single-parent families <input type="checkbox"/> 家庭成員的特別情況 Family member with special needs <input type="checkbox"/> 社工推薦 Referred by social worker <input type="checkbox"/> 其他 Others, please specify: _____ |

備註Remark:請在適當的□內加上✓。Please tick the appropriate boxes.

注意事項：

Points to Note:

1. 此表格所提供的個人資料會用作處理幼兒園入學申請之用，在未獲取錄或主動放棄學位，有關資料將被銷毀。
2. 當你提供這些個人資料時，請確保這些資料是準確及完整的。如果你不向本園提供所需的資料或你提供錯誤／不完整的資料，你的申請將會受到影響。
3. 請注意你的個人資料可能會被東華交予：
 - 東華三院內的有關人士；
 - 根據法例東華三院得按法例的要求及指明的用途和目的提供該等資料予任何有關政府部門／適當的機構；或
 - 在法律容許或授權的情況下。東華三院將會在得到你的同意後，才使用你的個人資料作為其他目的。
4. 根據個人資料（私隱）條例規定，申請人有權要求查閱、更正及更新其個人資料。如有查詢，請與幼兒園聯絡。

1. Personal data provided by means of this application form will be used for processing application for nursery school admission. Applicant who give up the enrollment or is not shortlisted, all information provided will be disposed of.
2. When you provide personal data to us, please make sure that the data are accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, your application will be affected.
3. Please also note that your personal data may be made available to:
 - appropriate persons in Tung Wah Group of Hospitals;
 - any relevant government departments/appropriate authorities when Tung Wah Group of Hospitals is required to provide them under the relevant legislation for use for the purpose of that legislation; or
 - where permitted or authorized by law.We will obtain your consent before using your personal data for any other purposes.

4. If you wish to require access to and/or correction of your personal data, you may do so under Personal Data (Privacy) Ordinance. If you wish to do so, please contact the nursery school.

日期：
Date: _____

家長/監護人姓名：
Name of Parent/Guardian: _____
家長/監護人簽署：
Signature of Parent/Guardian: _____

| | | |
|------------------------------------|---|-----------------------------------|
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| 收表日期： Submission Date : | 收表者： Receiver : | |
| 聯絡日期： Contact Date : | 約見日期 Date of Appointment : | 約見者： Interviewer: |
| 申請結果： Result of the Interview : | <input type="checkbox"/> 入學 Available <input type="checkbox"/> 候補 Waiting List <input type="checkbox"/> 放棄學位 Renunciation | 通知結果日期： Date of notification : |
| 入園日期： Admission Date | 入園編號： Admission No. | 離園日期： Withdrawal Date : |