

# Tung Wah Group of Hospitals Hung Wong Kar Gee Nursery School

## Application Form

1. Personal details of child:

Name: (English) \_\_\_\_\_

(Surname)                      (First)                      (Middle)

(Chinese) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Birth Certificate Number: \_\_\_\_\_

Place of birth:  HK  China (Mainland)  Other country: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Special needs :  allergy to food/medicine \_\_\_\_\_  
 skin allergy \_\_\_\_\_  fever/ seizures \_\_\_\_\_  
 special illness \_\_\_\_\_  
 special behavior \_\_\_\_\_  
 learning difficulties \_\_\_\_\_

Residential Address: (English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Contact No: \_\_\_\_\_

E-mail: \_\_\_\_\_



For school use ONLY

Application number: \_\_\_\_\_  
Submission Date: \_\_\_\_\_  
Receiver's signature \_\_\_\_\_  
Enrolling Category:  N  P  I  
Date of contact: \_\_\_\_\_  
Date of notification: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_  
Result of the Interview:  
 A  WD  R  DA  
Reason: \_\_\_\_\_  
Interviewer's Signature: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_  
Admission No.: \_\_\_\_\_  
Date of Withdrawal: \_\_\_\_\_

2. Family Members/Guardian:

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

Remarks #: (H) Housewife (P) Professional (M) Manual work (S) Service sector  
(W) Manufacturing (C) Clerical (O) Others  
\*: (P) Primary level (S) Secondary level (U) University level (O) Others

3. Has the applicant received any early childhood service (e.g. playgroup, child care centre) before?

- No                       Yes (Please specify: \_\_\_\_\_)

4. Reasons for going to school:

- Working parents                                       To learn social living  
 To care for family member with special needs  
 Referred by social worker                       Others (Please specify: \_\_\_\_\_)

I hereby declare that the information provided in this application is complete and accurate. I also understand that failure to disclose true and correct information may result in rejection of application.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

✓ Please tick the appropriate box

Remarks : This Nursery School will process your application and arrange relevant services using all the information provided above. All information would be kept confidential. Apart from the 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.