

Tung Wah Group of Hospitals Ng Sheung Lan Memorial 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.