東華三院 Tung Wah Group of Hospitals

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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 Gender	☐ 男 M ☐ 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 Date		出生地點 Place of Birth		
#出生證明書號碼 #Birth Certificate No.		家中常用語言 Home Language		
住址 Home Address				
電郵地址 Email Address		電話 Telephone No.		

◊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（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			

＋ ： (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姊妹資料（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
Part IV: Other Information

曾就讀／現就讀學校（如適用） Former School (if applicable)		班別 Class	
家庭狀況 Family Status	兄弟 Brother(s) _____ 姊妹 Sister(s) _____ 其他同住家人，請註明 Other family members, please specify _____		
認識本園途徑 Learn about our school	☐ 本校網頁 School website ☐ 兄姊就讀本校 Graduated or currently studying sibling(s) ☐ 幼兒園單張／橫額 Leaflet / Banner ☐ 親友推薦 Recommended by relatives / Friends ☐ 其他，請註明 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)	☐ 就近居所 Close to residence ☐ 欣賞本園教學模式 Appreciate our teaching style ☐ 優良師資 Experienced teachers ☐ 親友介紹 Introduced by relatives / Friends ☐ 校舍環境 School environment ☐ 信賴辦學團體 Trust in the educational operator ☐ 校譽良好 Good reputation ☐ 其他，請註明 Others, please specify _____		
社會需要（如適用） Social Needs (if applicable)	☐ 雙職家庭 Working parents ☐ 單親家庭 Single-parent families ☐ 家庭成員的特別情況 Family member with special needs ☐ 社工推薦 Referred by social worker ☐ 其他，請註明 Others, please specify _____		

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

注意事項：

1. 本幼兒園規定教職員在執行校務時不可索取或接受任何禮物、金錢或其他形式的利益，故懇請家長切勿提供利益予本幼兒園的教職員。
2. 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。
3. 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。如果你未能向本園提供所需的資料或你所提供的資料錯誤／不完整，你的申請將會受到影響。
4. 請注意你的個人資料可能會被東華三院交予：
   - 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。
5. 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。

Points to Note:

1. The nursery school stipulates that the staff member cannot obtain or accept any gifts, money or other forms of benefits when performing their school duties. We urge parents not to provide benefits to the staff of the nursery school.
2. 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.
3. 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.
4. 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.
5. If you wish to request access to and/or correction of your personal data, you may do so under the Personal Data (Privacy) Ordinance. If you would like to proceed, 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 ☐ 入學 Available ☐ 候補 Waiting List ☐ 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

（修訂日期：10.2025）