

	(if applicab	le) Sī	ΓRN	:
if	applicable)	REG	NO	:

Y.C.H. Chiu Tsang Hok Wan Primary School 20\_\_\_\_/20\_\_\_\_ Application for Primary \_\_\_\_1

Student's Particulars							
	(In Chin	ese)		Age			
Name	(In English)						
Date of birth	/ / /		Contact Telephone Number		Photo		
Place of birth				Sex			
Residential							
Address						To:	
Name of						Class Attending	
kindergarten						K1 / K2 / K3	
Attending H.K. Birth Certific	ate No./					<u>l</u>	
Passport No.							
Parent's/Guardiar	ı's Particı	ulars					
Name	(In Chinese) (In English)						
			K. Birth Certificate No./ ssport No.				
Occupation			Emergency Contact and Phone Number (if applicable)			ber	
Office Address and Phone Number							
Applicatipon Date	:			Signature of Parent			
DD / MM / YYYY							
For School Use Only							
Processed by (Signature)				Date			
					/ _ DD	/ MM YYYY	
Class Enrolled		P.			•		
Enrollment Date		1					
/ / DD							
Remarks							