

由校方填寫)
CR NO./YEAR/CP NO.
編號：____/____/____
登記日期：_____



香港明愛學前教育及扶幼服務  
明愛聖方濟各幼稚園  
入學申請表  
20\_\_\_\_ - 20\_\_\_\_

兒童相片
------

兒童姓名 (中文) \_\_\_\_\_ (英文) \_\_\_\_\_ 性別 \_\_\_\_\_

出生日期 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 出生地點 \_\_\_\_\_ 出生證明書號碼 \_\_\_\_\_

年齡 \_\_\_\_\_ 家庭宗教 \_\_\_\_\_ 籍貫 \_\_\_\_\_

住址 \_\_\_\_\_

電話 \_\_\_\_\_ 電郵地址 \_\_\_\_\_ 家長使用語言 \_\_\_\_\_

曾就讀幼稚園/幼兒學校 \_\_\_\_\_ 班級 \_\_\_\_\_ 現擬申請之班級 \_\_\_\_\_

有否子女/親屬/朋友/現在/曾經在本校就讀 ☐ 有 姓名 \_\_\_\_\_ 與兒童關係 \_\_\_\_\_  
☐ 無

**家庭成員概況**

	父 親	母 親	監 護 人
中文姓名			
英文姓名			
身份證號碼(首4個字母及數字)			
教育程度(小學/中學/大學/其他)			
職業			
工作電話號碼			
手提電話號碼			
工作地區			
監護人與兒童關係	不適用	不適用	

**其他同住的家庭成員** 〈包括同住的未婚子女及受供養的父母〉：

姓 名	性 別	年 齡	與兒童關係	職業/就讀班級

認識本校途徑：

☐親屬 / ☐朋友 / ☐網頁 / ☐學校活動 / ☐地區活動

(可選擇多項)

☐其他 (請列出): \_\_\_\_\_

家長選擇本校原因：

家長會否申請學費減免計劃：

☐會 ☐不會

備註：

**個人資料收集聲明**

- 本服務收集你及貴子弟的個人資料，目的是為你提供所需要的服務或援助，並作為監察、檢討及改進服務質素之用。
- 以上的資料除了給本服務的職員使用外，亦會視乎需要而轉交有關的支援部門／機構。
- 你可以要求查閱及改正本服務備存你及貴子弟的個人資料。

**本人聲明所報資料屬實**

家長簽名：\_\_\_\_\_日

期：\_\_\_\_\_

(由校方填寫)

入校日期：\_\_\_\_\_

離校日期：\_\_\_\_\_ 離校原因：升小一/搬遷/其他\_\_\_\_\_

備 註：\_\_\_\_\_  
\_\_\_\_\_

學費減免初步計算：

1. 家庭全年總收入：\_\_\_\_\_ 2. 家庭成員總人數：\_\_\_\_\_

3. 預計學費可減免幅度：☐ 100% ☐ 75% ☐ 50% ☐ 不獲減免

(To be filled in by School)

CR NO./YEAR/CP NO.

Ref. No. : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registration Date :



**Caritas Pre-school Education & Child Care Service**  
**Caritas St. Francis Kindergarten**

**Application Form**

20\_\_\_\_ - 20\_\_\_\_

(Photo)

Name (Chinese)\_\_\_\_\_ (English)\_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Yr/Month/Day) Place of Birth\_\_\_\_\_ HK Birth Certificate No.\_\_\_\_\_

Age \_\_\_\_\_ Religion \_\_\_\_\_ Native Place \_\_\_\_\_

Address \_\_\_\_\_

Telephone No.\_\_\_\_\_ Email Address\_\_\_\_\_ Language used by parents\_\_\_\_\_

Nursery/Kindergarten attended \_\_\_\_\_ Class attended \_\_\_\_\_ Class Applied for \_\_\_\_\_

Any children/relative/friend ☐ Yes Name \_\_\_\_\_ Relationship w/ Children \_\_\_\_\_  
attending/attended this school ☐ No

**Details of Family Member(s)**

	<b>Father</b>	<b>Mother</b>	<b>Guardian</b>
Name (Chinese)			
Name (English)			
HKID No. (first 4 digits)			
Academic Qualification (Primary school/Secondary school/Tertiary Institute/Others)			
Occupation			
Office Tel No.			
Mobile Phone No.			
Working District			
Relationship with children	NA	NA	

**Other Relatives living together Children**(including unmarried children and dependent parents) :

Name	Sex	Age	Relationship w/Children	Occupation/Class Attending

(to be cont.)

**Way(s) of knowing our school :**

(Please indicate with "✓" in the appropriate boxes :)

☐ Relative(s) / ☐ Friend(s) / ☐ Website / ☐ School Activity / ☐ District Activity

☐ Other (Please specify) : \_\_\_\_\_

**Reason(s) of selecting our school :**

\_\_\_\_\_

**Whether parents will apply for Fee Remission Scheme :** ☐ Yes ☐ No

Remarks :

\_\_\_\_\_

**Personal information collection statement**

- The personal data of you and your children collected by our Service will be used to provide appropriate service or assistance, to monitor, evaluate and improve our service quality.
- The information will be made available to our staff on a need-to-know basis. It may be disclosed to the relevant departments or organizations as requested when supporting services are applied from them.
- You can request for access to and correction of your or your children's personal data.

I hereby declare that all the above information is true and complete.

Signature : \_\_\_\_\_

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

(FOR NURSERY SCHOOL/KINDERGARTEN USE ONLY)

Date of Admission : \_\_\_\_\_

Date of Discharged : \_\_\_\_\_

Reason of Discharged : Graduation/Removal/Other\_\_\_\_\_

Remarks : \_\_\_\_\_  
\_\_\_\_\_

Calculation of Fee Remission :

2. Total Family Income(Yearly) : \_\_\_\_\_ 2. Total Family Members : \_\_\_\_\_

3. Estimated Amount of Fee Remission Level : ☐ 100% ☐ 75% ☐ 50% ☐ No Remission

Revised on 1/9/2016