樂 善 堂 梁 銶 琚 書 院 入 學 申 請 表 LOK SIN TONG LEUNG KAU KUI COLLEGE APPLICATION FORM (2018-2019)

申請入讀 Application to			(2010 2015)		
學生姓名:		(英文)			
Name	一大) Chinese) (English)				
出生日期:_		性別:	年齢	:	1
Date of Birth		Sex	Age		
出生地點:_ Place of Birth	香港身份證號碼: Recent Photo HKID No.				
	A Control of Control o				
Nationality	Other	Identification Document	No.		— 照
		學生註冊編號	(STRN) :		
Date of Arrival	(If any)	Student's Refere	nce No. (STRN))
住址(中文	():				
Address (Chine					
(英文 (Engli					
	*	父母/陸維人毛提爾託	:	甘他聯致電訊	· (
Phone No. (Ho	話 :				
父母或監護。	(電郵地址(如有):				
	ian's E-mail Address (If any				
父親姓名	: (中)	(英)		任職行業:	職位:
Name of Father		(English)		Occupation	Position
	: (中)			任職行業:	職位:
Name of Mothe		(English)		Occupation	Position
	後人姓名 :(中)(英)_ ne of Guardian (Chinese) (English)				
學籍資料:	ian (Chinese)	(English)		Relationship	
Qualifications					
年 度 Year	村	そ hoo! Name	班級 Form	Extrac	課外活動或獎項
Teal	BC	iooi ivanie	Form	EXIIA	curricular Activities / Awards
-					
-					
	E本校就讀?(請在適當 ied / is / are studying in our	的□加上 ✔號) school (tick the appropriate		沒有 No	
□ 有,姓名	:	關係:	FVI£R		/ □ 已畢業(畢業年份:)
Yes · Name					Graduated (Year of graduation)
父/母親/監護人是否外籍人士? 是 □ 否 □ (請在適當的一項加上/號)					
	uardians non-Chinese speak			the appropriate box)	
	表註明 「家中使用語 idicate the language				
					寫語言
父親		Spo	ken Language	\ \ \ \	/ritten Language
Father					
母親 Mother					
監護人 / 其	他 (請註明)				
Guardians / ot	hers (Please Specify)				
Please con 2. 交回申請	請表格並貼上近照。 plete the form and stick a re 表時,須呈交原校成績 lose copies of previous scho	ecent photo. 表副本、身份證或出生 ol reports, HKID and other i	證明書副本及	入境證副本(如適用)	o
	-	-			
申請人簽署:申請人填表日期:					
Signature of Applicant Signature of Parents / Guardians Date ************************************					
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接獲申請表日]期:	取錄	□ 不取錄	執事人名	图:
Date of intervie		Accepted	Not Acc		
獲取錄班	别:	學社:		首天入讀本校日	∃期:

Remarks

備 註:__

「個人資料(私隱)條例」聲明 Personal Data (Privacy) Ordinance

本表格所收集的資料,將用以辦理人學事宜。本校可能會把這些資料披露予教育局或其他獲授權處理個人資料的學校,用以處理學位分配或其他有關教育的事宜。

The information collected in this form, will be used for admission purpose. The school may disclose such information to the Education Bureau or other schools authorized to process the personal data for the purpose of dealing with the allocation of places or other related matters.

你必須在本表格提供你的個人資料。如提供的資料不足,本校可能無法處理有關申請。

You must provide your personal information in this form. If the information provided is insufficient, our school may not be able to process your application.

你有權按照「個人資料(私隱)條例」第 18 和 22 條及附表一第六原則的規定,查閱及改正個人資料。查閱資料的權利,包括取得本表格/紀錄所載個人資料的副本。

Under the provisions of sections 18 and 22 and the Sixth Principle of the Personal Data (Privacy) Ordinance. You have the right to access and correct your personal information. The right of access to information includes obtaining a copy of the personal data and record put in this form.

如欲查詢有關本表格收集的個人資料,包括查閱及改正資料,請與本校校務處職員聯絡。地址:香港西營盤醫院道 26-28 號,電話:28587002。

For enquiries about the personal data collected in this form, including access and correction of information, please contact our General Office staff at 28587002. School Address: No.28, Hospital Road, Sai Ying Poon, HK.

備 註 (Remarks)

根據教育局規定,非本地兒童無權獲香港官立及資助學校所提供的學位。若申請人為非本地兒童(持單程證來 港的內地兒童為合資格的本地兒童),其申請將自動失效。

According to the Education Bureau, non-local children are not entitled to receive education in government schools or aided School in Hong Kong. If the applicant is a non-local child (excluding the child holding the single entry permit), the applicant will be considered as invalid.