

樂善堂梁詠瑤書院  
LOK SIN TONG LEUNG KAU KUI COLLEGE  
2022-2023年度入學申請表  
APPLICATION FORM (2022-2023)



申請人讀級別： \_\_\_\_\_  
Application to Secondary  
學生姓名： (中文) \_\_\_\_\_ (英文) \_\_\_\_\_  
Name (Chinese) (English)  
出生日期(日/月/年)： \_\_\_\_\_ 性別： \_\_\_\_\_ 年齡： \_\_\_\_\_  
Date of Birth (DD/MM/YY) Sex Age  
出生地點： \_\_\_\_\_ 國籍： \_\_\_\_\_ 籍貫： \_\_\_\_\_  
Place of Birth Nationality Place of Origin  
到港日期(如適用)： \_\_\_\_\_ 學生註冊編號(STRN)： \_\_\_\_\_  
Date of Arrival (If any) Student Reference No. (STRN)  
香港身份證號碼： \_\_\_\_\_ 其他身份證明文件： \_\_\_\_\_ 如有，號碼： \_\_\_\_\_  
HKID No. Other Identification Document If yes, No.:  
住址 (中文)： \_\_\_\_\_  
Address (Chinese)  
(英文)： \_\_\_\_\_  
(English)  
住址電話 Phone No. (Home)： \_\_\_\_\_ 其他聯絡電話(緊急用途) Emergency Contact No.： \_\_\_\_\_

	姓名 (Name)	職業 (Occupation)	聯絡電話 (Contact No.)
父親	(中)	行業(Industry)	手提(Mobile)
Father	(English)	職位(Position)	
母親	(中)	行業(Industry)	手提(Mobile)
Mother	(English)	職位(Position)	
監護人	(中)	行業(Industry)	手提(Mobile)
Guardian	(English)	職位(Position)	

監護人與學生關係： \_\_\_\_\_ 父母或監護人電郵地址(如有)： \_\_\_\_\_  
Relationship with Applicant Parent's/Guardian's E-mail Address (If any)

學籍資料 Academic Qualifications :

年度 Year	校名 School Name	班級 Form	課外活動或獎項 Extra-curricular Activities / Awards
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-			

是否有親人在本校就讀?(請在適當的  加上  號)  沒有  
Relative(s) studied / is / are studying in our school (tick the appropriate box) No

有, 姓名: \_\_\_\_\_ 關係: \_\_\_\_\_ 班級: \_\_\_\_\_ /  已畢業(畢業年份: \_\_\_\_\_)  
Yes, Name Relationship Class Graduated (Year of graduation)

父 / 母親 / 監護人 是否非華語人士?  是  否 (請在適當的一項加上  號)  
Are Parents / Guardians non-Chinese speakers? Yes No (Tick the appropriate box)

若是, 請在下表註明「家中使用語言」: If Yes, please indicate the language.

	口語方言 Spoken Language	書寫語言 Written Language
父親 Father		
母親 Mother		
監護人 / 其他 (請註明) Guardians / others (Please specify) _____		

- 請填妥申請表格並貼上近照。  
Please complete the form and stick a recent photo.
- 遞交申請表時, 須呈交原校成績表副本、身份證或出生證明書副本及入境證副本(如適用)。  
Please enclose copies of previous school reports, HKID and other identification documents.

申請人簽署: \_\_\_\_\_ 父母 / 監護人簽署: \_\_\_\_\_ 申請人填表日期: \_\_\_\_\_  
Signature of Applicant Signature of Parents / Guardians Date of Application

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校方專用 (FOR OFFICE USE ONLY)

接獲申請表日期: \_\_\_\_\_  取錄  不取錄 申請人填表日期: \_\_\_\_\_  
Date of interview Accepted Not Accepted Date of Application  
獲取錄班別: \_\_\_\_\_ 學社: \_\_\_\_\_ 首天入讀本校日期: \_\_\_\_\_  
Class House First Date of School  
備註: \_\_\_\_\_  
Remarks

## 「個人資料（私隱）條例」聲明

### **Personal Data (Privacy) Ordinance**

本表格所收集的資料，將用以辦理入學事宜。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.

申請人必須在本表格提供個人資料及遞交相關資料。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 and submit related documents. If the information provided is insufficient, our school cannot process your application.

申請人有權按照「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 28 號，電話：28587002。

For enquiries about the personal data collected in this form, including access to and correction of information, please contact our General Office staff at 28587002. School Address: 28 Hospital Road, Sai Ying Poon, HK.

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### **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 application will be considered as invalid.