



Sai Kung Central Lee Siu Yam Memorial School
Admission Form for Year 20____ / 20____

Chin / Eng Class PTH / Cantonese

Apply : P. _____

Application No: _____

Part A. Applicant's Particulars

(For School Only)

Student's Name: _____ (Surname) (First Name) (In English)		PHOTO	
_____ (In Chinese)			
Sex: _____	Age: _____		Date of Birth: _____ / _____ / _____ (DD) (MM) (YY)
Nationality: _____	Place of Birth: _____		Spoken Language: Chinese / English
Ethnicity: _____			Special Education No.(if applicable): _____
H.K Birth Certificate No.: _____ / Passport No.: _____		Date of Arrival(if applicable): _____	
Address: _____		Home Tel: _____	
Kindergarten Name: _____			
Latest Primary School: _____		Latest Class: _____	

Part B. Parent / Guardian's Particulars

Name : _____ (In English)		_____ (In Chinese)	
Relationship with applicant: _____	Occupation: _____	Ethnicity _____	Contact No.: _____
Name: _____ (In English)		_____ (In Chinese)	
Relationship with applicant: _____	Occupation: _____	Ethnicity _____	Contact No.: _____

Part C. Sibling

<u>Sibling(s) studying in kindergarten at present: Yes / No</u>	
Sibling'Name: _____	Kindergarten Studying: _____
<u>Sibling(s) studying in the primary at present: Yes / No</u>	
Sibling'Name: _____	Class: _____

Reason for transfer:

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Date of Admission: _____

Parent's Signature: _____

First Day of Attendance: _____

Date of Application: _____