

仁濟醫院蔡百泰幼稚園/幼兒中心  
Yan Chai Hospital Choi Pat Tai Kindergarten / Child Care Center

入學申請表  
Application Form

編號：\_\_\_\_\_

No. \_\_\_\_\_

甲部：申請人資料

Part A : Applicant's Particulars

姓名(中文)	Name(In English)	性別 男/女 Sex M/F	相片 Photo
證件編號 Document No.	證件類別 Document Type	出生地點： Place of Birth :	
出生日期 ____ (日) ____ (月) ____ (年) Date of Birth ____ (d) ____ (m) ____ (y)	到港日期(非本港出生者)： Date of Arrival (Not born in H.K.)		
住址 Address		電話 Tel. No	

乙部：父母/監護人資料

Part B : Parents / Guardian's Particulars

關係 Relationship	姓名 Name	職業 Occupation	日間電話 Tel. No.(Day)	夜間電話 Tel. No.(Night)	備註 Remarks
父 Father					
母 Mother					
監護人# Guardian					

#如監護人屬申請人父母則無須填寫監護人一欄

No need to fill in the guardian column if the parents are guardians

丙部：其他資料 (請在適當□加“√”)

Part C: Other information(put a “√” in the appropriate box)

申請原因：\_\_\_\_\_ 期望入學日期：\_\_\_\_\_

Reason of Application Expected Admission Date

介紹來源： ☐ 自行申請 ☐ 親友鄰里 ☐ 社區團體 ☐ 宣傳途徑(單張、海報、展板等)

Source of Referral Self-applicant Relatives/Neighbours Community Organization Propaganda (pamphlets, posters, exhibition board)

☐ 其他，請註明 \_\_\_\_\_

Others, please specify

照顧情況： ☐ 在家裏由家人照顧 ☐ 由他人託管：\*日託/日夜託 ☐ 託嬰園：\*日託/日夜託

Conditions of care: At home by family members By others: day/day and night Crèche: day/day and night

☐ 其他，請註明 \_\_\_\_\_

Others, please specify

本人謹聲明為上述申請人的家長/監護人\*。本人已明白印於附頁有關於在此表格提供個人資料的用途，和有關查閱及改正資料的權利。本人並聲明此表格內的資料全屬正確無訛。

I declare that I am the parent/guardian\* of the aforementioned applicant. I understand the purpose for which the personal data provided by means of the form will be used, as well as my rights for data access/correction as printed overleaf. I also declare that to the best of my knowledge and belief the information contained in this form is true and correct.

\*請將不適用者刪去 Delete whichever is inappropriate

日期  
Date : \_\_\_\_\_

家長或監護人簽署  
Signature of Parent/Guardian: \_\_\_\_\_

機構專用	收表日期：_____	入學日期：_____
	聯絡日期：_____	班 別：_____
	致函日期：_____	退學日期：_____
	接見日期：_____	退學原因：_____
	註冊日期：_____	備 註：_____

### 家長/監護人注意事項 Notes for Parents/Guardian

1. 本校可能將收集所得的個人資料向其他政府部門披露，以便核實資料及作其他有關的用途。  
The school may disclose the personal data collected to Government department for verification and other related purposes.
2. 你必須在此表格供所需個人資料。倘若所提供的資料不充足，本中心可能無法辦理有關申請。  
You must provide all the personal data required in this form. If information provided is insufficient/inadequate, the school may not be able to process your application.
3. 此表格乃供輪候之兒童及入學兒童之家長/監護人自願填寫，台端所提供之資料，只供本機構及有關機構作為參考之用，家長可要求查閱及更正本機構存備之資料。  
This form is filled in voluntarily by the parents/guardians of the applicant. The information provided will only be used by this agency and related organizations for reference purpose. Parents/Guardians can request to access and correct their personal data kept by this agency.
4. 取消輪候之兒童，本表格及所交來之資料亦作即時銷毀。  
If the application is cancelled, this form and the material submitted will be destroyed immediately.
5. 中途退學及畢業生之資料將會永久保存。  
Information of dropouts and graduates of this school is kept permanently.
6. 任何與所收集的個人資料有關的查詢，包括要求查閱和改正資料，應提交：  
Enquiries relating to personal data collected, including requests for access and correction, should be addressed to:  
  
單位地址： 荃灣仁濟街 18 號仁濟醫院綜合服務大樓一樓  
Address  
電話： 24399661  
Tel
7. 遞交申請表時，請連同以下文件寄回/交回（單位地址）。  
Completed form should be returned to (address)
 

7.1	貼上郵票之回郵信封三個	3 stamped envelopes with return address
7.2	申請人出生證明文件副本乙張	1 copy of the birth certificate of the applicant
7.3	申請人防疫注射紀錄副本乙張	1 copy of the immunization record of the applicant
7.4	父、母身份證副本乙張	1 copy each of the HKID Cards of the parents/guardians of the applicant
7.5	申請人近照兩張	2 copies of the recent colour photo of the applicant.
8. 面見時需繳交報名費三十元。無論 貴子弟取錄與否，所繳費用，概不發還。  
Thirty dollars registration fee will be charged on the date of interview. The registration fee will not be refunded.