

<u>For Office Use</u>	
(1)REG. NO. :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(2)STRN :	_____

YUEN LONG PO KOK PRIMARY SCHOOL
P.1 ADMISSION APPLICATION FORM FOR 2025 – 2026

STUDENT'S INFORMATION						
Student's Name				(In Chinese)	Photo	
				(In English)		
Date of Birth	/ /	(YYYY/MM/DD)	Sex	M / F		
Identity Document (Fill in appropriate blank only)	H.K. Birth Certificate : _____		Doc. of Identity : _____			
	H.K. Identity Card : _____		() Entry Permit : _____			
	Others (Please Specify : _____)					
Place of Birth	<input type="checkbox"/> Hong Kong / <input type="checkbox"/> Others(_____)					
Address				Home Tel No.		
	Current School's Information					
Priority of Choosing Yuen Long Po Kok Primary School in POA	<input type="checkbox"/> 1 st ~3 rd <input type="checkbox"/> 4 th ~10 th <input type="checkbox"/> Other _____					
Sibling's Name (Attending Our School Now / Before)						
Ethnicity	<input type="checkbox"/> Chinese <input type="checkbox"/> Indonesian <input type="checkbox"/> India <input type="checkbox"/> Nepalese <input type="checkbox"/> Pakistani <input type="checkbox"/> Filipino <input type="checkbox"/> Thai <input type="checkbox"/> Other _____					
	Spoken Language at Home	<input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Indonesian <input type="checkbox"/> Nepali <input type="checkbox"/> Filipino <input type="checkbox"/> Thai <input type="checkbox"/> Urdu <input type="checkbox"/> Other _____				
PARENT'S/GUARDIAN'S INFORMATION (please tick“√”as appropriate)						
	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian			
Parent's Name	(In Chinese)	(In Chinese)	(In Chinese)			
	(In English)	(In English)	(In English)			
I.D. No.						
Emergency Contact No.						
Occupation						
Correspondence Address						

Signature of parent/guardian : _____

Date : _____

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Document Submitted :	<input type="checkbox"/> PRIMARY ONE REGISTRATION FORM <input type="checkbox"/> Copy of Birth. Cert. <input type="checkbox"/> Copy of Ident. Document <input type="checkbox"/> Copy of Father's Ident. Document <input type="checkbox"/> Copy of Mother's Ident. Document <input type="checkbox"/> Copy of Guardian's Ident. Document
Home District Council :	<input type="checkbox"/> Yuen Long <input type="checkbox"/> Tuen Mun <input type="checkbox"/> Others : _____
Staff Name :	Date : _____