

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

**YUEN LONG PO KOK PRIMARY SCHOOL**  
**P.1 ADMISSION APPLICATION FORM FOR 20\_\_ – 20\_\_**

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 <sup>st</sup> ~3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> ~10 <sup>th</sup> <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 : _____	