



YUEN LONG PO KOK PRIMARY SCHOOL

APPLICATION FORM FOR NEW / TRANSFER STUDENTS

Part A: STUDENT'S INFORMATION

STUDENT'S NAME: _____(Chinese) _____(English) SEX : _____ DATE OF BIRTH : _____ DD_____ MM_____ YYYY PLACE OF BIRTH: _____ NEWLY-ARRIVED STUDENTS (Enrolled In Our School After Arriving In Hong Kong And Have Been In Hong Kong For Less Than Seven Years): <input type="checkbox"/> YES ➔ ARRIVAL DATE: _____ DD_____ MM_____ YY <input type="checkbox"/> NO	APPLICANT'S RECENT PHOTO
<input type="checkbox"/> H.K. BIRTH CERTIFICATE : _____ <input type="checkbox"/> DOC. OF IDENTITY (If Any) : _____ <input type="checkbox"/> H.K. IDENTITY CARD : _____ () <input type="checkbox"/> ENTRY PERMIT (If Any) : _____ <input type="checkbox"/> OTHERS (PLEASE SPECIFY): _____	
HOME ADDRESS: NEW TERRITORIES * <input type="checkbox"/> YUEN LONG <input type="checkbox"/> TUEN MUN <input type="checkbox"/> OTHERS _____ _____ TEL: _____(HOME)	
CLASS APPLYING FOR : 20 /20 GRADE: _____ PREVIOUS SCHOOLS ATTENDED (Name Of School) : _____ (Class) : _____ REASON FOR TRANSFER : * <input type="checkbox"/> RELOCATE * <input type="checkbox"/> OTHERS _____ STRN : _____ PARENTS OF STUDENTS ARE SCHOOL ALUMNI : * <input type="checkbox"/> YES YEAR OF GRADUATION _____ <input type="checkbox"/> NO SIBLING(S) STUDYING IN THIS SCHOOL (Attending Our School Now / Before) : NAME _____ (Class:)	

* Please tick "✓" as appropriate

Part B: PARENTS'/GUARDIAN'S INFORMATION

NAME : _____ (Chinese) _____ (English) H.K. IDENTITY CARD : _____ () RELATIONSHIP : * <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN() CORRESPONDENCE ADDRESS : _____ OCCUPATION : _____ _____ CONTACT NO. : _____(Home) _____(Office) _____(Mobile Phone)
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* Please tick "✓" as appropriate

I declare that all the information mentioned above and any attachment is correct.

Signature of Parent/Guardian : _____

Date : _____

Part C: FOR SCHOOL USE ONLY

* ADMISSION(Enrollment Date): _____ DD _____ MM _____ YY ASSIGNED CLASS: _____

* WAITING LIST REFUSAL OTHERS _____

STAFF NAME : _____ DATE : _____

APPROVAL BY PRINCIPAL AND DATE:
