



葵涌浸信會幼稚園  
Kwai Chung Baptist Church Kindergarten  
202\_/2\_年度入學申請表

只供校方填寫 School use only	
申請編號 Application No.	#
面見日期 Interview Date	

Application Form for Admission in the School Year 202\_/2\_

校址：新界葵涌石籬大隴街 21 號  
School Address : No.21, Tai Loong Street, Kwai Chung, N.T.  
學生個人資料 Child's Particulars

中文姓名 Name in Chinese	性別 Sex	近照 Recent Photo
英文姓名 Name in English	家中常用語言 Spoken Language at Home	
出生日期 Date of Birth	出生地點 Place of Birth	
出生證號碼 Birth Certificate No.	其他居港證明 Other Residence Certificate	
住址 Home Address		
住宅電話 Home Telephone		
宗教 Religion	所屬教會 Name of Church	

請列出曾經或現正在本校就讀/工作的親屬資料 (如有)  
Please list relatives who are studying / working or have studied / worked at Kwai Chung Baptist Church Kindergarten (if applicable)

年份 Year	姓名 Name	就讀班別 / 職位 Class / Position	與申請人的關係 Relationship with the Applicant

家長資料 Parent's Particulars

	姓名 Name	職業 Occupation	手提電話 Mobile Phone No.
父親 Father			
母親 Mother			
監護人 Guardian			

申請班級 Class Applied For	請在適當 <input type="checkbox"/> 內加上「✓」號。Please ✓ the appropriate box.		
	幼兒班 (K 1) <input type="checkbox"/>	低班 (K 2) <input type="checkbox"/>	高班 (K 3) <input type="checkbox"/>
	選擇次序 (1 為首選、2 為次選，如此類推) Priorities ( 1 is the first choice, 2 is the second choice, and so on)		
	全日班 Whole Day <input type="checkbox"/>		
	上午班 A.M. <input type="checkbox"/>		
下午班 P.M. <input type="checkbox"/>			

台端所提供之資料，只供本校作為申請入讀之用。未獲取錄者或自動放棄學位者之個人資料將被銷毀。根據個人資料(私隱)條例，申請人有權要求查閱、更正及更新其個人資料。如有查詢，歡迎與我們聯絡：2424 0628。  
The above information given to Kwai Chung Baptist Church Kindergarten is for admission enrollment only. After completion of the application procedures, personal data of those not being shortlisted or given up the enrollment will be disposed of. In accordance with the Personal Data (Privacy) Ordinance, applicants have the right to access, correct and update their own personal data. please contact the school office at 2424 0628.

家長/監護人簽署 : \_\_\_\_\_ 日期 : \_\_\_\_\_  
Signature of Parent/Guardian : \_\_\_\_\_ Date : \_\_\_\_\_

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出生證明文件 Birth Certificate	<input type="checkbox"/>	正本 Original	<input type="checkbox"/>
其他居港證明 Other residence certificate	<input type="checkbox"/>	正本 Original	<input type="checkbox"/>
免疫接種記錄 Immunization record	<input type="checkbox"/>	正本 Original	<input type="checkbox"/>
備註 Remark			