



香港基督教循道衛理聯合教會 The Methodist Church, Hong Kong  
將軍澳循道衛理幼稚園 Tseung Kwan O Methodist Kindergarten  
入學申請表 Admission Application Form

地址: 將軍澳尚德邨尚禮樓四樓平台  
Address: 4/F, Podium, Wing A, B&C, Sheung Lai House, Sheung Tak Estate, Tseung Kwan O  
電話 Tel: 2790 1790 傳真 Fax: 2178 1678

填表日期 Date: \_\_\_\_\_

申請學生姓名 Name of student: \_\_\_\_\_ / \_\_\_\_\_ 性別 Gender: \_\_\_\_\_  
(中文)(Chinese) (英文)(English)

出生日期 Date of Birth: \_\_\_\_\_ 出生地點 Place of Birth: \_\_\_\_\_

住址 Residential Address: \_\_\_\_\_

所用語言 1<sup>st</sup> Language: \_\_\_\_\_ 聯絡電話 Contact No.: \_\_\_\_\_

宗教 Religion: \_\_\_\_\_ 所屬教會 Church: \_\_\_\_\_



家長資料 Parents Information		父親 Father	母親 Mother	恆常照顧者 Caretaker
	姓名 Name			
	手提電話號碼 Mobile No.			
	職業 occupation			
	辦事處名稱 Company name			

請選擇其中一位家長接收本園手機短訊  父親 Father  母親 Mother  恆常照顧 Caretaker : \_\_\_\_\_  
Please select **one** of the parents/guardian for receiving mobile phone messages sent by our school

家庭狀況: 兄\_\_人 姊\_\_人 弟\_\_人 妹\_\_人 就讀學校: \_\_\_\_\_  
Family Status : elder brothers elder sisters younger brothers younger sisters school studying

曾經或現在就讀本園之家人姓名 \_\_\_\_\_ 就讀年份 \_\_\_\_\_ 關係: \_\_\_\_\_  
Name(s) of family member(s) graduated / studying in our kindergarten year relationship

現欲申請 (請以 1 和 2 表示選擇次序) Applying for (please mark your order of preference by 1 and 2)		附註 Remarks	
	上午班 AM	全日班 Whole day	
3-4 歲 (K1) 3-4 years old (K1)			
4-5 歲 (K2) 4-5 years old (K2)			
5-6 歲 (K3) 5-6 years old (K3)			
希望入讀日期: _____ Expected date of entry:	是否需要乘搭校車? <input type="checkbox"/> 是 <input type="checkbox"/> 否 Need to use school bus service? YES NO		

報名所需文件 Documents required for registration :

(1) 出世紙副本 (2) 回郵信封 3 個(貼上足夠郵資及寫上回郵地址、申請學生中文姓名)

(1) Copy of Birth Certificate (2) Three stamped self-addressed envelopes with the name of applicant.

所有未獲接納之申請, 其個人資料及相關文件將於三個月內被銷毀。

If your application is unsuccessful, student's information and related papers collected will be destroyed within three months.