



Assembly of God Leung Sing Tak Primary School

FMOFF-021

23-11-2020

Application Form for Admission Class: _____ Date of Submission: _____ Reference No.: _____

Student's Particulars

Name (English):		(Chinese):		Student's Photo
Sex: Male/Female	Date of Birth:	(yyyy/mm/dd)	Place of Birth:	
Type of Birth Certificate:				
Type of Identification Document:		No.:		
Residential Address (Chinese):				
			Phone No.:	
Kindergarten Attended:			Class Attended:	
Primary School Attended:			Class Attended:	

Parents' Particulars

Name of Father (English):		(Chinese):		HKID Card No.:
Firm/Occupation:		Student's Guardian: Yes/ No		Emergency Contact: Yes/ No
Tel. No.:	Mobile:	Pager:	Emergency Contact No.:	
Correspondence Address (if not residing in the same address with the student):				
Name of Mother (English):		(Chinese):		HKID Card No.:
Firm/Occupation:		Student's Guardian: Yes/ No		Emergency Contact: Yes/ No
Tel. No.:	Mobile:	Pager:	Emergency Contact No.:	
Correspondence Address (if not residing in the same address with the student):				

Guardian's Particulars (Parents are not required to fill in this part if they are the guardians of the student)

Name of Guardian (English):		(Chinese):		Relationship:
HKID Card No.:	Firm/Occupation:	Emergency Contact No.:		
Tel. No.:	Mobile:	Pager:		
Correspondence Address (if not residing in the same address with the student):				

For Office Use Only

Student Reg. No.:		Student Reference No. (STRN):		
Enrolment Date:	Staff:	Date of Written Test:	Results: Chi () Eng () Maths ()	
Meeting Date:	Staff:	Comment:		
Principal's Approval: Offer Approved/ Disapproved To be Confirmed by the Education Bureau		Signature of Principal:		Date:
Date of Offer:	First School Day:		Class:	
Sibling(s):	Name:	Age:	School Attending:	
	Name:	Age:	School Attending:	
	Name:	Age:	School Attending:	
Remark:				