



Assembly of God Leung Sing Tak Primary School

FMOFF-018E

24-11-2021

Application Form for Transfer Student Admission

Class : _____ Date of Submission : _____

Student's Particulars

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

Parents' Particulars

Name of Father (English): _____		(Chinese): _____		HKID Card No.: _____
Firm/Occupation: _____		Student's Guardian: Yes/ No	Emergency Contact: Yes/ No	
Tel. No.: _____	Mobile: _____	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: _____	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: _____			
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: _____				