



The Chinese Rhenish Church Hong Kong Synod
Rhenish Nursery / Kindergarten

Application No.: _____

Applying for :

Application Form

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Lai King Rhenish Nursery
Tel: 2742 1714 | <input type="checkbox"/> Yuen Long Rhenish Nursery
Tel: 2445 6306 | <input type="checkbox"/> San Po Kong Rhenish Nursery
Tel: 2326 1336 | <input type="checkbox"/> Kwai Shing Rhenish Church Kindergarten
Tel: 2406 1029 |
| <input type="checkbox"/> Shun Tin Rhenish Nursery
Tel: 2790 2765 | <input type="checkbox"/> Lok Fu Rhenish Nursery
Tel: 2338 0538 | <input type="checkbox"/> Lok Fu Rhenish Church Kindergarten
Tel: 2336 4705 | <input type="checkbox"/> Sheung Shui Rhenish Church Kindergarten
Tel: 2673 2929 |

Part A: Applicant's Particulars

Name of Children (Chinese)		English		Sex		Photo
Date of Birth (yyyy/mm/dd)	/ /	Place of Birth		Age		
Birth Certificate No.		Native Place		Religion		
Address						
Telephone No.		Mobile No.		Email Address		
Spoken language at home				Applying for Class	<input type="checkbox"/> A.M. * <input type="checkbox"/> P.M. * <input type="checkbox"/> Whole Day	
Any children/relative/friend attending/attended this school	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship with Children: _____			(*applicable only to particular nurseries and classes)	<input type="checkbox"/> PN (2-3 years old)* <input type="checkbox"/> K1 (3-4 years old) <input type="checkbox"/> K2 (4-5 years old) <input type="checkbox"/> K3 (5-6 years old)	

Part B: Parent/Guardian's Particulars

	Father	Mother	Guardian	Relative in case parents cannot be reached
Name (Chinese)				
Name (English)				
Academic Qualification (Primary school/Secondary school/Tertiary Institute/Others)				
Occupation				N/A
Office Tel No.				N/A
Mobile Phone No.				
Working District				N/A
Relationship with children	N/A	N/A		

Way(s) of knowing our school :

(Please indicate with "✓" in the appropriate boxes :)

- Relative(s) / Friend(s) / Website / School Activity / District Activity

Other (Please specify) : _____

Reason(s) of selecting our school : _____

Point to Note:

- Personal data in this form is provided for processing application for kindergarten admission. After completion of the application procedure, all information provided 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 approach the kindergarten for any enquiries.

I hereby declare that all the above information is true and complete.

Parent or Guardian's Signature: _____ Date: _____

For Official Use

Date received: _____ Person in charge: _____
Date of appointment: _____ Remark(s): _____