Po Leung Kuk Wong Siu Ching kindergarten-cum-Nursery Application Form of Admission

Place of birth Email address Home Address Parents/ Guardian's particulars Name Contact Phone No. Expected Entry Date:(Month/Year) (The application will be transfer expected entry date cannot be arranged.) How do you know our school: Newspaper Relatives Website Others: I understand that the information provided above will be used primarily for this application at my discretion and this record will be destroyed within 1 year upon my termination for the In the interest of our effective communication, please ensure the information provided about school will keep you posted on our latest news, promotion and fundraising events by parent/ Guardian's signature: The personal data collected in this form will be used by the school to consider students' and related purposes. The data is only for Po Leung Kuk's internal use. According to The Person Ordinance, you have the right to access and correct your personal data. If you have any encitated purposes. The data is only for Po Leung Kuk's internal use. According to The Person Ordinance, you have the right to access and correct your personal data. If you have any encitated purposes. The data is only for Po Leung Kuk's internal use. According to The Person Ordinance, you have the right to access and correct your personal data. If you have any encitated purposes. The data is only for Po Leung Kuk's internal use. According to The Person Ordinance, you have the right to access and correct your personal data. If you have any encitated purposes. Parents must provide the information above, otherwise the school maybe unabpplication. The following information are filled by school: Signature of Staff Received date Signature of Principal Signal Solution of admission: Date of notification of admission: Date of notification of admission: Date of admission: Date of admission:	(Date/Month/Year)
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Reason of withdrawal:	
Signature of Principal/ Supervisor:	