



港九街坊婦女會孫方中幼稚園

Hong Kong & Kowloon Kaifong Women's Association Sun Fong Chung Kindergarten

電話/Tel.: 2698 9517 傳真/Fax: 3909 0293 電郵/Email: sfc157597@gmail.com

地址: 新界沙田隆亨邨慧心樓地下 Address: G/F, Wai Sam House, Lung Hang Estate, Shatin, N.T

入學申請表(2024/2025 學年)

Application Form for 24/25 School Year

只供本幼稚園填寫
For Official Use Only
申請編號
Application No.: _____

申請班級 Admission Class	☐ 幼兒班 K1 ☐ 低班 K2 ☐ 高班 K3
(請按優先次序在 ☐ 寫上 1/2/3) Write 1/2/3 in the ☐ according to the priority	☐ 上午 AM ☐ 下午 PM ☐ 全日班 Whole Day

甲部：申請人資料

Part A: Applicant's Particulars

中文姓名： Name in Chinese		*性別： *Sex	☐ 男 M ☐ 女 F	相片 Photo
英文姓名： Name in English		#出生證明書號碼： #Birth Certificate No.		
出生日期： Date of Birth		出生地點： Place of Birth		
住宅電話： Home Telephone		家中常用語言： Spoken language at home		
手提電話： Mobile No.		電郵地址： Email Address		
居住住址： Home Address				
通訊地址： Mailing Address				

如使用出生證明書以外的身份證明文件，請註明。

Please specify if any identity document(s) is used other than Birth Certificate.

乙部：家長/監護人資料

Part B: Parent/Guardian's Particulars

中文姓名：① Name in Chinese		中文姓名：② Name in Chinese	
英文姓名： Name in English		英文姓名： Name in English	
*性別 Sex	☐ 男 M ☐ 女 F	☐ 男 M ☐ 女 F	
聯絡電話 Telephone No.:			
☐ 父 Father ☐ 母 Mother ☐ 其他 Others (請註明 please specify: _____)	☐ 父 Father ☐ 母 Mother ☐ 其他 Others (請註明 please specify: _____)		

丙部：現/曾就讀本幼稚園的兄弟姊妹及親友資料 (如適用)

Part C: Particulars of Siblings attending/having attended this Kindergarten (if applicable)

	姓名 Name:	學年 School Year:	班級 Class:	畢業年份 Year of Graduation	關係 Relationship:
1					

日期:
Date: _____

家長/監護人姓名:
Name of Parent/Guardian: _____

家長/監護人簽署:
Signature of Parent/Guardian: _____

*請在適當的☐內加上✓。Please tick the appropriate boxes.

注意事項 / Points to Note:

此表格所提供的個人資料會用作處理幼稚園入學申請之用。申請程序完成後，所有提供資料將被銷毀。根據個人資料(私隱)條例規定，申請人有權要求查閱、更正及更新其個人資料。如有查詢，請與幼稚園聯絡。 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.

備註 Remarks	2024 年 7 月 29 日開始親臨交表，請附出生證明書副本、報名費\$40(現金)及回郵信封(9" X 4") 5 個(需貼上\$2.2 郵票，收信人為小朋友中文名) Application period: starts from 29 July, 2024. Please submit the application form with a copy of the child's birth certificate, application fee: HKD\$40(cash), Five stamped self-addressed envelopes with your child's name on it.(stamp value HK\$2.2 each, size of envelope: approximately 9" X 4".)
---------------	---



港九街坊婦女會孫方中幼稚園

Hong Kong & Kowloon Kaifong Women's Association Sun Fong Chung Kindergarten

電話/Tel.: 2698 9517 傳真/Fax: 3909 0293 電郵/Email: sfc157597@gmail.com

地址: 新界沙田隆亨邨慧心樓地下 Address: G/F, Wai Sam House, Lung Hang Estate, Shatin, N.T

入學申請家長問卷 Parent Questionnaire for Admission Application

(請填寫並連同入學申請表一併遞交 Please fill in and submit it together with the admission application form)

幼兒姓名: _____
Child's name:

性別: _____
Gender:

出生日期: _____
Date of Birth:

親愛的家長:
Dear parents:

為能更全面地了解小朋友的情況, 請 貴家長抽空填寫此問卷以供本校參考, 謝謝!
In order to have a more comprehensive understanding, please fill in the questionnaire for our reference, thank you.

(1) 從何途徑認識本園 How did you know about our school?

☐ 幼稚園概覽
KGP

☐ 網絡論壇
Website

☐ 親友介紹
Friend /Relative

☐ 其他 _____
Others

(2) 小朋友日常由何人照顧? Who takes care of the child every day?

☐ 父母
Parents

☐ 祖父母
grandparents

☐ 外祖父母
grandparents

☐ 其他(請列明): _____
others (please specify)

(3) 日常生活中, 你會與小朋友一起做的活動是(可多選):

In your daily life, what activities do you do with your child? (Options available)

☐ 到公園遊玩
go to the park

☐ 玩玩具
play with toys

☐ 去商場購物
go shopping

☐ 閱讀圖書
read books

☐ 講故事
tell stories

☐ 看電視
watch TV

☐ 其他(請列明): _____
others (please specify)

(4) 小朋友最喜歡的活動是: _____
Your child's favorite activities

(5) 選擇本校的原因是: _____
Reason for choosing our school.

(6) 你對 貴子女在幼稚園階段的期望是: _____
Your expectations for your child in kindergarten

(7) 你希望孩子入讀本校 (必須填寫, 但此乃家長之意願, 最後安排由校方決定):
Which class do you prefer your child to attend? (Must be filled, however the final arrangement will be made by the school.)

☐ 全日班, 若全日班已滿額, 會 / 不會 (請圈出) 讀上午班。
Whole-day class, if it is full: my child **will/ will not** attend morning class.

☐ 上午班, 若上午班已滿額, 會 / 不會 (請圈出) 讀下午班。
Morning class, if it is full: my child **will/ will not** attend afternoon class.

☐ 下午班
Afternoon class.

(8) 是否需要保姆車? Do you require the service for school bus?

☐ 不需要 NO ☐ 需要/可能需要 YES 上車地點 Boarding point: _____

*保姆車服務範圍只限大圍、沙角邨、第一城、愉翠苑、廣源邨及馬鞍山市中心附近。Tai Wai, City One, Ma On Shan

(請在適當的 ☐ 內加✓) (please select the appropriate one.)

日期(Date): _____