

東華三院蔡榮星小學

TWGHs TSOI WING SING PRIMARY SCHOOL 2020/2021 Transfer Student Application Form

Applicant Stud	lent's P	articular	S										
Student Registration No. (Filled in by school)			Stude (
Name		English											
		Chinese					Sex* M			1 / F	Photo		
Date of Birth dd/mm/yyyy		/ /					Place of Birth						
Nationality			Spoken Language at home*				Chinese / English / Other:						
Birth Certificate No.			_	()	Or	HK	ID N	lo.		() Religion		
Home Address		Rm /F BLK (Name of Building)											
		(Estate/Village)											
		(Street Name and No.)									(District)		
Correspondence Address (If differs from above)													
Previous Education													
School Session*		AM / PM / Whole-day					Year Level						
Name (s) of Sibling(s) Studying in this school		Class Attending											
	nt is not a non-holder of Hong Kong birth certificate, please fill in with									hin border.			
Identity Documents*							isa Identity htry Permit Document thers: Number						
Date of First Arrival in		Date of Enrollment In Hong								In Hong			
Hong Kong dd/mm/yyyy		/ /						Kong dd/mm/yyyy			/	/	
Parent/ Guardia	ın's Part	ticulars											
	Engli	ish											
Name	Chinese				Relationship		ionship*	Father /	/ Mother / Others:				
HKID No.	No.					()	Occupation					
Contact No.			(Home)				(Mother))	(Father)		
Contact Number		(Name: Relationship w								th student:			
* I agree/ disagree to receive text messages from school.													
For School Use Only													

Assigned Class

Headteacher's

Signature

Enrollment Day

^{*} Please delete when inappropriate