

麗澤中學 中一自行收生入學申請表

A. 申請者資料:			本校檔案編號:			
Name (in English) :		學生編號(STRN):				
姓名(中文):				近		
身份證明號碼:		: □男 / □3				
出生日期:		:	照			
出生地點: □香港 □其他:		到港日期:年 月E				
住址:	_					
電話:		手提電話:				
現就讀小學名稱:			入學年份(年	級): (小)		
Name (in English)	父親	母親		監護人(如適用)		
B. 家長 / 監護人資料	:					
Name (in English)						
姓名(中文)						
身份證號碼	_			_		
職業						
手提電話						
C. 多元才能/獎項 : 請描述申請者在體育、藝術/		(如本欄不敷應用	月,可另紙書寫	;)		
D. 其他: 申請者如有近親於本校就讀	,請列明其姓名、班級及與	4申請者的關係:				
申請者家長簽署:			填表日期:_	年月日		
申請者家長姓名:						

注意事項:

- 請在表格相關的方格內加上「✓」號。
 填妥本表格後,請連同相關文件親自送交九龍廣東道 180 號麗澤中學。
 申請者所提供的資料將用作入學申請之用,並供校方有關部門或人士查閱。

Lai Chack Middle School

APPLICATION FORM FOR SECONDARY ONE DISCRETIONARY PLACES

A. Applicant's particulars:		Application Number:				
Name (in English) :		Student Reference No. (STRN):				
Name (in Chinese):						
I.D. Card No. :		Sex: Male / Female			RECENT Photograph	
Date of Birth:		Nationality:			i notograph	
Place of Birth: Hong Kong Other:		Date of arriving in HK:			_	
Address:						
Tel. No.:		Mobile	e No. :			
Present School:			From:		in classes	
B. Parents or guardian					g, 1, p, 1;	
	Father		Mother		Student's guardian	
					(if applicable)	
Name (in English)						
Name (in Chinese)						
I.D. Card No.						
Occupation						
Mobile No.						
C. Other Achievements	e !					
Please describe the applicant's a		rte arte e	and social sarvice	c: (Hea a can	arata chaat if nacaccary)	
				(,	
D. Other Name and Year of Graduation o	f parents / brother / s	sister / re	elatives and friend	ds from Lai C	Chack Middle School (if any):	
Signature of Parent:				Date :		
Name of Parent:						

Points to Note:

- 1. Please tick the appropriate box(es).
- 2. Please submit the application form to the School Office of Lai Chack Middle School (Address: 180 Canton Road, Kowloon) in person together with the relevant documents.
- 3. The information collected will be used for the purpose of processing S1 Discretionary Places applications only.