Pok Oi Hospital Chan Kwok Wai Primary School
Application for Admission

Student Record Number (STRN): _____ (for official use only)   Grade Applying: _____

Name in Chinese:	Gender: M / F	Religion:
Name in English: (must be the same as shown on birth certificate)		
Place of Birth:	Date of Birth: (dd/mm/yy)	HKID/Passport No.:
Address:		Tel :

Name of Father:	Contact No.:	Email:
Name of Business or Organization:		Occupation:
Name of Mother:	Contact No.:	Email:
Name of Business or Organization:		Occupation:

Name of Sibling(s)	Name of School / Organization
1)	
2)	
3)	
4)	

*Please fill in the information if the siblings are not admitted to primary school yet.

Please complete the following section if the guardian is not the student's father/ mother:

Guardian's Name:	Gender：M / F	Age:
Relationship:	Address:	
Name of Organization:		Occupation:
Email:		Contact No.:

Name of Kindergarten attending: _____ Grade: _____

Date of filling: _____

*Please bring along the following documents when submitting the application form:
1. A copy of the applicant's birth certificate or valid resident permit
2. A copy of the latest report card