博愛醫院陳國威小學
2025/2026 年度小一候補生入學申請表格

相 片

中文姓名：_____

英文姓名：_____

教育統籌局註冊證編號：_____

性　　別：_____ 年齡：_____

出生地點：_____

出生日期：_____年_____月_____日

（*請選擇適用欄填寫）

*1. 出生證明書編號：_____ *2. 首次來港日期：_____

*3. 其他證件名稱：_____ 證件編號：_____

原讀幼稚園名稱:_____ 地區:_____ 原讀學校班別:_____

家長 / 監護人資料

中文姓名：_____ 英文姓名：_____

職　　業：_____ 與學生關係：_____

地　　址：_____

住宅電話：_____ 家庭人數：兄____人、姊____人、弟____人、妹____人

手提電話：_____ 電郵地址：_____

自行分配學位階段所選之學校：_____

統一派位被派往學校：_____

填表日期：_____ 家長 / 監護人簽署：_____

_____

〈本部由學校填寫〉

申請日期		**約見日期**	
申請表編號		**約見時間**	
備　　註			

Pok Oi Hospital Chan Kwok Wai Primary School
2025/2026 School Year
Primary One Alternate Student Application Form

Photo

English name: _____

Chinese name: _____

Number of the Primary One Registration Form: _____

Sex: _____ Age: _____ Place of birth: _____

Date of birth(DD/MM/YYYY): _____/ _____/ _____

（* Please fill in the appropriate items.）

*1. Birth certificate number: _____ *2. Date of first arrival in H.K.: _____

*3. Other identity document: _____ The number of the identity document: _____

Name of the Kindergarten attended: _____

District: _____ The Grade attended in previous school: _____

Information of Parents / Guardian

Chinese name: _____ English name: _____

Occupation: _____ Relationship with the student: _____

Address: _____

_____

Home telephone number : _____ Mobile phone number: _____

Email address: _____

Household size：Elder brother____, Elder sister____,

Younger brother____, Younger sister____

The school chosen in the Allocation of Discretionary Places:

_____

Name of the school allocated:

_____

Application date: _____ Signature of Parents / Guardian: _____

_____

〈To be completed by the school〉

Application date		**Appointment date**	
Application no.		**Appointment time**	
Remarks			