

南侨小学
NAN CHIAU PRIMARY SCHOOL
Application For Admission

Year to be admitted: _____

Level to be admitted: _____

Student's Particulars		
Name of Child:	Birth Cert / ID No:	
Gender: Male / Female	Race:	Citizenship: (Pls tick) <input type="checkbox"/> SC <input type="checkbox"/> SPR <input type="checkbox"/> Others
Mother Tongue: CL / ML / TL		Date of Birth: (DD/MM/YY)
Sibling(s) Applying for Admission: Yes / No If Yes, Name/current level:	Current School:	
Parent's / Guardian's Particulars		
Name of Parent/Guardian:	Relationship:	
Address:		
Tel (Residence):	Tel (Office):	
Email Address:	HP No.:	
Reason for Application (Please tick):		
<input type="checkbox"/> Change of Address (please state new address)		
Other Reasons/Remarks:		
Important Notes:		
Your application is valid for only 1 year from application date. If you do not hear from us 1 year after your application and wish your child to remain on our waitlist, please inform our General Office at 64897905. The school will only contact you if a vacancy arises. Please attach photocopies of the child's latest assessment results or P4 option form.		

Signature of Parent/Guardian & Date

For Official Use	
<i>Class to be admitted/Year</i>	
<i>Date of Admission</i>	
<i>Remarks</i>	