



路德會恩石幼稚園  
Rock of Ages Lutheran Kindergarten

入學申請表  
APPLICATION FORM

學校註冊編號 Registered No: 157856

校址 Address: 葵涌石籬一邨石秀樓地下 G/F, SHEK SAU HOUSE, SHEK LEI ESTATE(1), KWAI CHUNG, N.T.

電話 Tel: 2487 4607 電郵 E-Mail: rockofages1985@yahoo.com.hk 傳真 Fax: 2481 5762

姓名 Name	中文 Chinese: 英文 English:	性別 Sex	男M/女F	相 片	
出生日期 Date of Birth	出生地點 Place of Birth	出生證號碼 Birth Certificate No			
籍貫 Ancestral Hometown	家庭信仰 Religion	家中常用語言 Language spoken at home			
住址 Home Address	電話 Tel:				
報讀班級 Applied For	<input type="checkbox"/> 幼兒班(K1)	<input type="checkbox"/> 低班(K2)	<input type="checkbox"/> 高班(K3)	<input type="checkbox"/> 上午班A.M.	<input type="checkbox"/> 全日班Whole Day
現/曾就讀本校之兄弟姐妹資料 Particulars of Siblings attending / attended this Kindergarten					
姓名Name: _____ 班別 Class: _____ 畢業年份 Graduate Years: _____					
家庭狀況 Family Member Information		職業 Occupation	聯絡電話 Telephone No		
父親姓名 Father:					
母親姓名 Mother:					
監護人姓名 Others:					

日期 Date: \_\_\_\_\_

學校經手人 Handle by: \_\_\_\_\_

\*報名費\$40 Application Fee \$40

交申請表格時，請家長預備下列文件及親臨本園為學童辦理報名手續。  
Please bring along the document below for interview.

1. 出生證明文件正、副本。The original copy and a photocopy of the birth certificate.
2. 回郵信封三個，並貼上HKD\$2.00本地郵票  
3 PCS of self-addressed stamped envelopes, With pasted HKD\$2.00 local stamps.
3. 近照一張。1 recent photo.
4. 免疫注射記錄咭正、副本。The original copy and a photocopy of the immunization record card.

校務處蓋印

\*經取錄後: 半日班繳交註冊費\$970元正。Registration fee (Half-Day) \$970.

全日班繳交註冊費\$1570元正。Registration fee (Whole-Day)\$1570.

注意事項: 此表格所提供的個人資料會用作處理幼稚園入學申請之用。申請程序完成後，所有提供資料將被銷毀。  
根據個人資料(私隱)條例定，申請人有權要求查閱、更正及更新其個人資料。如有查詢，請與幼稚園聯絡。

Point to Note: Personal data in this form is provided for processing application for kindergarten admission. After completion of the application procedure, all information provided will be disposed of. In accordance with the Personal Data(Privacy) Ordinance, applicants have the right to access, correct and update their own personal data. Please approach the kindergarten for any enquiries.