



مدرسة داوود باو الابتدائية الإسلامية التذكارية

Islamic Dharwood Pau Memorial Primary School

Student Application Form

Personal Information						Student's Recent Photo
Class Applied: Primary 1/ 2/ 3/ 4/ 5/ 6		Date		Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Name in English		Name in Chinese		Age		
Date of Birth		Place of Birth				
Passport No.		Date of Arrival in HK(if not born in HK) ____/____/____				
HK Birth Certificate No./ HKID Card No.		Nationality		Religion		
Home Address(English)						
住址(中文)						
Home Tel		Mobile		E-mail		
Can the applicant speak English?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A little		
Can the applicant speak Cantonese?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A little		
Precious Kindergarten / School Attended						
Year		Class		Name of Kindergarten/ School		
Family Information						
Father's name	(English)	Occupation		Mobile		
	(Chinese)	Name of Organization				
Mother's name	(English)	Occupation		Mobile		
	(Chinese)	Name of Organization				
Guardian's name	(English)	Occupation		Mobile		
	(Chinese)	Name of Organization				
Other Siblings	Name in English	Name in Chinese	Class	Age	Sibling(s) in our school	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Declaration						
I declare that I am the Parent/Guardian of the aforementioned student. I understand the purpose for which the personal data provided by means of the form will be used. I also declare that to the best of my knowledge and belief the information contained in this form is true and correct.						
Name of Parent/Guardian: _____ Signature: _____ Date: _____						
All the information submitted in the Application Form will only be used for school registraion purpose.						
For Office Use						
Date received: _____			Staff-in-charge: _____			
<input type="checkbox"/> Accepted in P. _____ <input type="checkbox"/> Rejected Principal's signature _____ Date: _____						