



電話: 2457 4666 2457 1572
電話: 2479 6233 2479 6273
電話: 2404 5266 2404 5267
電話: 3409 4481 3409 4491

Reg. no. SL

STUDENT	Given Name					Surname			Chinese (If any)			<div>Photo</div>										
	Name:																					
	Gender: M / F		D.O.B:	Date	Month	Year	Birth Certificate No. / Passport No. / Other (Please specify)															
	Place of Birth:			Nationality:			Religion:															
	Home Address:																					
*Class Applied:											<div><div></div><div></div></div>	A.M.	P.M.	<div><div></div><div></div></div>	K1	K2	K3	Intended Starting Date:		Date	Month	Year
*Please rank them by order according to your preference from 1 to 3 where “1” is the most preferable choice and “2” is the least preferable choice.																						
LANGUAGES SPOKEN AT HOME: PLEASE STATE FLUENCY.																						
1 st :					2 nd :					3 rd :												
Relatives studying at this kindergarten:					Name:					Class :					Relationship :							
Relatives graduated from this kindergarten:					Name :					Graduating year :					Relationship :							
Learn about our school by:					<div><div></div> Leaflet</div>					<div><div></div> Introduced by relatives and friends</div>					<div><div></div> Our website</div>							
					<div><div></div> Other website:</div>					<div><div></div> Other:</div>												
PARENT		Name			Occupation		Contact no.		Work Place Location:		E-mail address:											
	Father																					
	Mother																					
	Guardian's/ Caregiver's Name :								Relationship with the student:								Contact no.:					
	Parent/ Guardian's Signature:										Date:											
REMARKS	Documents Required:																					
	i. Completed application form										iii. Four stamped & addressed envelopes											
	ii. Original & copy of the child's Birth Certificate and Immunization Record (original will not be collected)										iv. Two passport sized photos v. A non-refundable application fee \$40											
Submitting the Application Form:																						
i. Submit in hand																						
ii. By post (Only post the copy, please paste enough postage fees. Please include a cheque(\$40) payable to Jing Jing Kindergarten (Shun Lee Branch)).																						
iii.By Email (Please e-mail the enrolment form to enrolment.sl@jingjing.edu.hk)																						
FOR OFFICIAL USE ONLY		Date	Month	Year	Person in charge	Submission of documents/ fees		/			/											
	Application					<div><div></div> i <div></div> ii <div></div> iii <div></div> iv <div></div> v</div>		Interviewer														
	Reserved					i) <div></div> RC ii) <div></div> \$____		Student's No.														
	Registration							Enrolment class			(AM Class / PM Class)											
	Admission							Vice Principal/ Lead teacher sign.														
	Remarks							Principal sign.														