



路德會長青幼兒園
香港路德會社會服務處

Cheung Ching Lutheran Day Nursery
Hong Kong Lutheran Social Service, LC-HKS

入學申請表

Application Form for Admission

*請在適當的□內加上☑ Please ☑ the appropriate boxes.

*請用正楷填寫 Please write in capital letters

A. 申請班級 Applying for Class

申請班別: Applying for Class	<input type="checkbox"/> 上午班 Half Day Class <input type="checkbox"/> 全日班 Whole Day Class	<input type="checkbox"/> 預備班 Nursery	<input type="checkbox"/> 幼兒班 K1	<input type="checkbox"/> 低班 K2	<input type="checkbox"/> 高班 K3	校車 School Bus: <input type="checkbox"/> 需要 Need <input type="checkbox"/> 不需要 No Need
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B. 申請學生資料 Personal Information

中文姓名: Name in Chinese		*性別: *Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	請貼上 證件相片一張 (近照) A Recent Photo
英文姓名: Name in English				
出生日期: Date of Birth(DD/MM/YY)		出生地點: Place of Birth		
住宅電話: Home Telephone				
住址: Home Address				
聯絡人資料: Contact Information	中文姓名 Name in Chinese	英文姓名 Name in English	手提電話: Mobile No.	電郵: Email
父親 Father				
母親 Mother				
監護人 Guardian				

C. 聲明 Declaration

- 本人同意申請表中所填報的資料均屬正確無誤，亦明白如提供不確實資料，此申請將為無效。
The information given in this application is true to the best of my knowledge and belief, and I understand that if any of the information given is untrue, this application will have no effect.

日期
Date: _____

家長/監護人簽署
Signature of Parent / Guardian: _____

職員填寫 For official Use Only	A001.1 09/09/2021 修訂
申請日期 App.Date	
申請編號 App. No.	
註冊編號 Reg.No.	
入學日期 Date of admission	
離校日期 Date of discharge	



Consent Form for Applying Service

I, fully understand, _____ (the name and HKID of the applicant), i.e. my _____ (please indicate relationship to the applicant) is applying for the service from the Cheung Ching Lutheran Day Nursery (name of unit) of Hong Kong Lutheran Social Service, LC-HKS. I consent to provide my and applicant's personal data to Hong Kong Lutheran Social Service, LC-HKS, for using my personal data for the purpose of investigation into the circumstances relating to the application.

I also consent to Hong Kong Lutheran Social Service, LC-HKS to share these data with relevant government departments or related non-governmental organizations to facilitate the application for service from Hong Kong Lutheran Social Service, LC-HKS.

I, fully understand and * agree / disagree with the arrangement of " Personal Information Collection Statement" (Annex 1), and will keep it on my own.

Signature of Applicant/Parents/Guardian : _____

Name of Applicant/Parents/Guardian : _____

Relationship to the Applicant : _____

Date : _____

(Fill in by staff only)

Signature of Witness : _____

Name of Witness : _____

File Reference of Hong Kong Lutheran Social
Service, LC-HKS : _____

Date : _____

* Please delete if inappropriate

Personal Information Collection Statement _School Copy

Please read this notice as follows before you provide your personal information to school :

1. Purpose of Collection
The purpose of collecting your personal information is to apply for assistance or service from Hong Kong Lutheran Social Service, LC-HKS. The provision of your personal data is voluntary. However, we will be unable to handle your applications or other requests if you do not provide sufficient information.
2. Classes of Transferees
The personal data you provide will be made available to persons working in the department on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties listed below:
 - A. other parties such as government branches / departments, non-governmental organizations and public utility companies if they are involved in the assessment of application from or provision of service / assistance to you ;
 - B. Where you have given consent to such disclosure; or
 - C. where such disclosure is authorized or required by law.
3. Access to Personal Data
According to The Personal Data (Privacy) Ordinance, you have a right of access and correction of personal data held on you except where the data have been erased after fulfilling the purposes of collection. Your right of access includes the right to obtain a copy of your personal data subject to payment of a fee.
4. General Enquiries
Please ensure that the data you provide are accurate. If you have enquiries concerning your application for assistance/ service or if there are changes in the data you provide, please contact the office which collected the data from you.
5. Data Retention Period
We should be kept the whole duration of studying plus a maximum of half a year after the student leaves the school.
6. Should you have any enquiries concerning this Statement, please feel free to contact us as follows:
Contact Person : Cheung Ching Lutheran Day Nursery Principal / Teachers
Address : 309-314, 2/F CHING KWAI HOUSE, CHEUNG CHING ESTATE, TSING YI, New Territories
Tel : 2435 8799
E-mail : n09@hklss.hk

Parent's Letter of Intent

I _____(name) hereby agree / disagree to the disclosure of the information of myself and my child (name of student) _____ to Cheung Ching Lutheran Day Nursery and authorize the school to use and keep the personal data of myself and my children in accordance with the above "Personal Data Charges and Privacy Policy". .

Parents' Signature : _____

Date : _____