



仁濟醫院靚次伯紀念中學

Yan Chai Hospital Lan Chi Pat Memorial Secondary School
地址：新界將軍澳毓雅里十號 電話：2702-9033 網址：http://www.lcp.edu.hk

中一自行分配學位申請表
Application Form for S1 Discretionary Place

交表格日期
2019年1月3日至17日

Name: (English) _____ (Chinese) _____
姓名 (英文) (中文)
Date of Birth: _____ Age: _____ Sex: _____
出生日期 年齡 性別
Place of Birth: _____ H.K.I.D. No.: _____
出生地點 身份證號碼
Address: _____
地址
Contact No. (Home): _____ (Mobile): _____
聯絡電話 住宅 流動電話



Previous Primary School 以前就讀小學

Table with 3 columns: Name of School 學校名稱, Class 就讀班級, Year 年份

Relatives Attending in this School 在本校就讀之親屬

Table with 4 columns: Name 姓名, Relationship 關係, Class 就讀班級, Year 年份

Name of Parent/Guardian: _____ Relationship: _____ Occupation: _____
家長/監護人姓名 關係 職業
Daytime Contact No.: _____ Signature: _____ Date: _____
日間聯絡電話 家長/監護人簽署 日期

Note: Please return this form with EDB's copy and School's copy of "Application Form for S1 Discretionary Place of Secondary School Places Allocation", photocopies of school reports of P5 and mid-year of P6, Primary 6 Student Record Form, Identity Card, prizes and information on extra-curricular activities. There is no need to submit primary school recommendation letter. Students will be invited to attend an interview by mail. All information given will be treated in STRICT CONFIDENCE. 請附「中一自行分配學位申請表」的教育局存根及學校存根、小五全年及小六上學期之成績表影印本、小六學生資料表影印本、身份証影印本、獎項影印本及課外活動資料影印本，不需要提交小學推薦信。申請者將獲安排參加面試，屆時將另函通知。以上資料將絕對保密。

A Brief Introduction of Yourself (to be completed by student)
自我介紹 (由學生親筆書寫)

Blank lines for student self-introduction

FOR OFFICE USE 本校填寫: [] To be admitted [] To be rejected
Remarks: _____ Approved by: _____
Date: _____