

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 2025年1月2日至16日

Name: (English)	(Chinese)		2025年1月2日至10日
姓名 (英文) Date of Birth: 出生日期 Place of Birth:	H.K.I.D. No.: 身份證號碼		Photo 相片 1-1/2" x 2"
Address:			
Previous Primary School 以前就讀小			
Name of School 學校名稱		Class 就讀班級	Year 年份
Relatives Attending in this School 在			
Name 姓名	Relationship 關係	Class 就讀班級	Year 年份
************	\ ***********		*********
Name of Parent/Guardian:			ation:
家長/監護人姓名 Daytima Contact No:	關係 職業 Signature: Date:		
日間聯絡電話	signature 家長/監護人簽署	Date. _. 日期	
Note: Please return this form with EDB's con School Places Allocation", photocopic on extra-curricular activities. There to attend an interview by mail. All info 位申請表」的教育局存根及學校存标本及課外活動資料影印本,不需上資料將絕對保密。 ***********************************	es of school reports of P5 and is no need to submit primary stormation given will be treated 恨、小五全年及小六上學其要提交小學推薦信。申請	mid-year of P6, Identity chool recommendation l in STRICT CONFIDEN 胡之成績表影印本、 请者將獲安排參加面語	Card, prizes and information letter. Students will be invited ICE. 請附「中一自行分配學身份証影印本、獎項影印式,屆時將另函通知。以
Know our school from: (please ✓) relatives/friends prows property propert	esent school school website school ****** To be admitte	pamphlet school activities Is **********************************	********* ected
Remarks: Approved by: Date:			