



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

Application Form For Admission 入學申請表

Name: (English) _____ (Chinese) _____
姓名 (英文) _____ (中文) _____

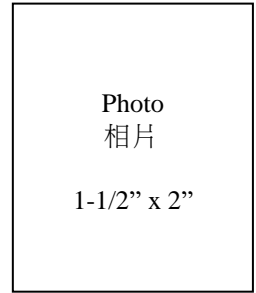
Date of Birth: _____ Age: _____ Sex: _____
出生日期 年齡 性別

Place of Birth: _____ H.K.I.D. No.: _____
出生地點 身份證號碼

Address: _____
地址

Telephone No. (Home): _____ (Mobile): _____
住宅電話 流動電話

Class Applied For: _____
申請入讀班級



Previous School / 以前就讀學校

Name of School / 學校名稱	Class / 就讀班級	Year / 年份

No. of Siblings (兄弟姊妹數目) : _____ Class (年級): 1. _____ 2. _____ 3. _____ 4. _____

Signature of Applicant: _____ Date: _____
申請人簽署 日期

Name of Parent/Guardian: (English) _____ (Chinese) _____
家長/監護人姓名 (英文) (中文)

Relationship: _____ Occupation: _____
與申請人關係 職業

Signature of Applicant's Parent/Guardian: _____ Date: _____
申請人家長/監護人簽署 日期

Note: Please return this form with photocopies of school reports of recent two years.

註：請附最近兩年之成績表影印本

A Brief Introduction of Yourself and Your Reasons for Application.

申請人自我介紹及申請入學原因

認識本校途徑(請✓) 親友介紹 原校介紹 本校網頁 本校單張 本校活動 教育局 其他: _____

Know our school from: (please ✓) relatives/friends present school school website school pamphlet school activities EDB others

FOR OFFICE USE: To be rejected
本校填寫 To be admitted to Class _____

Remarks: _____ Approved by: _____
Date: _____