

**DELIA (MAN KIU) ENGLISH PRIMARY SCHOOL**

地利亞(閩僑)英文小學

APPLICATION FORM 入學申請表

(Office use only)
Reg. No.

Academic Year Applied 申請入學年度 ( ) - ( )

Level applied 申請年級  J.1 小一  J.2 小二  J.3 小三  J.4 小四  J.5 小五  J.6 小六

[For In-year Admission only] [年中入學適用]  Term 1 第一學期  Term 2 第二學期

(\*: If applicable) (#: Student whose spoken language at home is not Chinese are categorized as Non-Chinese Speaking (NCS) students.)

STUDENT'S PERSONAL INFORMATION 學生資料			
Name in English 英文姓名	(Surname) (姓)	(First Name) (名)	(Same as HKID/Visa) (與身份證明文件相同)
Name in Chinese 中文姓名	Gender 性別	Student Reference No.(STRN) 學生編號	
HKID/HK Birth Certificate No. 香港身份證/出生證明書號碼	Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)		Please attach a recent photo 請貼近照
Passport No. 護照號碼	Place of Birth 出生地點		
Nationality 國籍	Ethnicity 種族		
Religion* 宗教*	Spoken Language at Home# 家中使用語言#		
Date of first arrival in Hong Kong (DD/MM/YYYY)* 初來港日期 (日/月/年) *	Resident location before arrival* 來自何地*		
Last school attended (Please specify the place/country) 去年/最近就讀學校(請列明地區/國家)		Last class attended 去年/最近就讀年級	
Strengths, interests & hobbies 學生的特長和興趣			
Extra-curricular activities & awards 曾參加的課外活動及獎項			

BROTHER/SISTER STUDYING IN DELIA* 兄弟姊妹就讀本校情況*		
Name 姓名	Class 班級	Year 年度

CONTACT INFORMATION 通訊資料			
HOME ADDRESS 住址			
Flat 室	Floor 樓	Block 座	Building 大廈
Village / Estate 邨 / 屋苑		Street and No. 街道及號碼	
District 地區	Area (Please <input checked="" type="checkbox"/> ) 地域(請以 <input checked="" type="checkbox"/> 顯示)	<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界
Emergency Contact Person & No.: 緊急聯絡人及電話		Mobil Phone No. (For receiving text messages) 手提電話號碼(供接收短訊用)	
E-mail Address 電郵地址			

PARENTS' / GUARDIANS' PARTICULARS 家長/監護人資料	
Father's Name 父親姓名	Mother's Name 母親姓名
Occupation 職業	Occupation 職業
Company's Name 工作機構名稱	Company's Name 工作機構名稱
Business Address 辦公室地址	Business Address 辦公室地址
Office Tel. No. 辦公室電話	Office Tel. No. 辦公室電話
Mobile No. 手提電話	Mobile No. 手提電話

REASON OF CHOOSING OUR SCHOOL 選擇到本校就讀原因 (Please <input checked="" type="checkbox"/> where appropriate 請以 <input checked="" type="checkbox"/> 表示)			
<input type="checkbox"/> Relative/friend/school's recommendation 親友/學校介紹	<input type="checkbox"/> Sibling(s) is/are current students/alumni 兄弟姊妹為現時學生/本校畢業生	<input type="checkbox"/> Reputation 名聲	<input type="checkbox"/> Internet 互聯網資訊
<input type="checkbox"/> Location 地點	<input type="checkbox"/> Others (Please specify) 其他(請註明)		

**Note 注意事項**  
Our school provides full/half fee remission similar to the Government's SFO Financial Assistance Scheme for students who have financial needs (including recipients of the said Scheme and Comprehensive Social Security Assistance). Details of school fee remission scheme can be obtained at the school's website at [www.deliamk.edu.hk](http://www.deliamk.edu.hk) or at the school office.  
本校設有全額/半額學費減免計劃, 與政府學生資助處提供的計劃相若, 供有需要學生申請(包括正接受上述的政府計劃及綜合社會保障援助計劃者)。詳情可在學校網站 [www.deliamk.edu.hk](http://www.deliamk.edu.hk) 查閱或到校務處查詢。

Parent / Guardian's Signature  
家長/監護人簽署

Date  
日期

**FOR OFFICE USE ONLY 由本校填寫**

Document (Photocopies) submitted (Please  where appropriate)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport / Visa     | <input type="checkbox"/> Parent's / Guardian's HKID Card |
| <input type="checkbox"/> Report Card       | <input type="checkbox"/> 2 Stamped Envelopes | <input type="checkbox"/> Others (Please specify) _____   |
| <input type="checkbox"/> Form No: _____    |  | Checked by: _____  |
| <input type="checkbox"/> Reg. No: _____    |  | Date: _____  |

**REMARKS**

Interview Date (Time):

Interviewed by:

Others:

First day of attendance: