



## Caritas Nursery School – Kennedy Town

### Information on Admission to K1-K3 Class in the 2019/20 School Year

#### **School Information**

Please click the following Education Bureau (EDB) website and the school website for more information:

<http://ktns.caritas.org.hk>

#### **Application submission**

- Application forms can be obtained in person from school or downloaded online ([http://cc.caritas.org.hk/apply\\_2016.htm](http://cc.caritas.org.hk/apply_2016.htm)).
- Please submit the completed application form with the following documentation:
  - copy of birth certificate;
  - two self-addressed stamped envelopes;
  - a crossed cheque for HK\$40(made payable to Caritas - Hong Kong (SWD))
- Submit in person : Monday to Friday 10:00a.m. to 6:00p.m. and Saturday 10:00 a.m. to 2:00p.m.  
Submit by Post : Please mark “Application for admission” on the envelope .
- Application document should be submitted on or before **31 st October 2018** . Fax or e-mail application will not be accepted.

#### **Interview arrangement**

- Interview will be held on 3rd November 2018 and 10th November 2018, schedules will be arranged by our school and will be sent to all eligible applicants by post before the interview.
- Parents are required to accompany their child (ren) to the interview.

#### **References can be obtained from the following website:**

\*Admission Arrangements for K1 Places in Kindergartens for the 2019/20 School Year

<https://www.edb.gov.hk/tc/edu-system/preprimary-kindergarten/kindergarten-k1-admission-arrangements/index.html>

(To be filled in by School)

CR NO./YEAR/CP NO.

Ref. No. : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registration Date : \_\_\_\_\_



**Caritas Pre-school Education & Child Care Service**

**Caritas Nursery School – Kennedy Town**

**Application Form**

(Photo)

Name (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Yr/Month/Day) Place of Birth \_\_\_\_\_ HK Birth Certificate No. \_\_\_\_\_

Age \_\_\_\_\_ Religion \_\_\_\_\_ Native Place \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_ Language used by parents \_\_\_\_\_

Nursery/Kindergarten attended \_\_\_\_\_ Class attended \_\_\_\_\_ Class Applied for \_\_\_\_\_

Any children/relative/friend attending/attended this school  Yes  No Name \_\_\_\_\_ Relationship w/ Children \_\_\_\_\_

**Details of Family Member(s)**

	<b>Father</b>	<b>Mother</b>	<b>Guardian</b>
Name (Chinese)			
Name (English)			
HKID No. (first 4 digits)			
Academic Qualification (Primary school/Secondary school/Tertiary school/Institute/Others)			
Occupation			
Office Tel No.			
Mobile Phone No.			
Working District			
Relationship with children	NA	NA	

**Other Relatives living together Children**(including unmarried children and dependent parents) :

Name	Sex	Age	Relationship w/Children	Occupation/Class Attending

(to be cont.)

**Way(s) of knowing our school :**  Relative(s) /  Friend(s) /  Website /  School Activity /  District Activity

(Please indicate with "✓" in the appropriate boxes :)  Other (Please specify) : \_\_\_\_\_

**Reason(s) of selecting our school :**

\_\_\_\_\_

**Whether parents will apply for Fee Remission Scheme :**  Yes  No

Remarks :

\_\_\_\_\_

**Personal information collection statement**

- The personal data of you and your children collected by our Service will be used to provide appropriate service or assistance, to monitor, evaluate and improve our service quality.
- The information will be made available to our staff on a need-to-know basis. It may be disclosed to the relevant departments or organizations as requested when supporting services are applied from them.
- You can request for access to and correction of your or your children's personal data.

I hereby declare that all the above information is true and complete.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

(FOR NURSERY SCHOOL/KINDERGARTEN USE ONLY)

Date of Admission : \_\_\_\_\_

Date of Discharged : \_\_\_\_\_

Reason of Discharged : Graduation/Removal/Other\_\_\_\_\_

Remarks : \_\_\_\_\_

\_\_\_\_\_

Calculation of Fee Remission :

1. Total Family Income(Yearly) : \_\_\_\_\_ 2. Total Family Members : \_\_\_\_\_

3. Estimated Amount of Fee Remission Level :  100%  75%  50%  No Remission