



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)

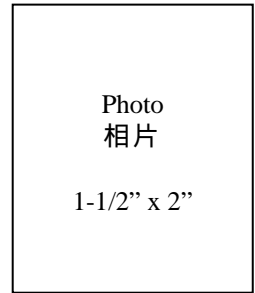
Date of Birth: _____ Age: _____ Sex: _____
出生日期 年齡 性別

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

Signature of Applicant: _____
申請人簽署

Date: _____
日期

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

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

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

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

Remarks: _____

Approved by: _____
Date: _____