



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  
2022年1月3日至17日

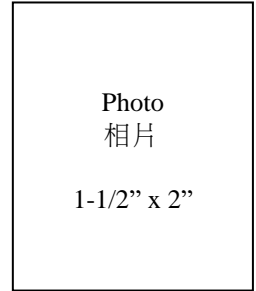
Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_  
姓名 (英文) (中文)

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

Contact No. (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
聯絡電話 住宅 流動電話



Previous Primary School 以前就讀小學

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

Relatives Attending in this School 在本校就讀之親屬

Name 姓名	Relationship 關係	Class 就讀班級	Year 年份

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_  
家長/監護人姓名 關係 職業  
Daytime Contact No.: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
日間聯絡電話 家長/監護人簽署 日期

Note: Please return this form with EDB's copy and School's copy of "Application Form for S1 Discretionary Place of Secondary School Places Allocation", photocopies of school reports of P5 and mid-year of P6, Identity Card, prizes and information on extra-curricular activities. There is no need to submit primary school recommendation letter. Students will be invited to attend an interview by mail. All information given will be treated in STRICT CONFIDENCE. 請附「中一自行分配學位申請表」的教育局存根及學校存根、小五全年及小六上學期之成績表影印本、身份証影印本、獎項影印本及課外活動資料影印本，不需要提交小學推薦信。申請者將獲安排參加面試，屆時將另函通知。以上資料將絕對保密。

A Brief Introduction of Yourself ( to be completed by student )

自我介紹 (由學生親筆書寫)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 本校填寫:

To be admitted  To be rejected

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

Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_