

Address: Shop A on G/F, 1 San Wai Street, Hung Hom, Kowloon

Tel: 23502698 Fax: 28277355 Email: enquiry@skywide.hk

Website: www.skywide.hk

Applicant's Photo
申請人照片

Application Form (Playschool)

(Please "✓" as appropriate 請在適當的方格內打"✓")

APPLYING FOR 申請班別

Expected Entry Date 預期開課日期	_____ / _____ (Month 月份) (Year 年份)
Class 班級	Pre-nursery 學前班
Session 時段	<input type="checkbox"/> Morning 上午 9:00am – 12:00nn <input type="checkbox"/> Whole Day 上午 9:00am – 下午 4:30pm <input type="checkbox"/> Afternoon 下午 1:30pm – 4:30pm

APPLICANT'S INFORMATION 申請人資料

Name 姓名 (as shown on Birth Certificate 如出生登記紀錄所示)		
In English 英文 _____ (Family Name) 姓 (Given Name) 名		
In Chinese 中文 _____ (if applicable 如適用)		
HK Birth Certificate or Passport Number 香港出生登記紀錄或護照編號 _____	Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
	Hong Kong Permanent Resident 香港永久性居民 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Date of Birth (DD/MM/YY) 出生日期 _____	Place of Birth 出生地 _____	Nationality 國籍 _____
Residential Address 住宅地址 _____		
Previous School Attended (if any) 曾入讀的學校 _____		

PARENT'S / LEGAL GUARDIAN'S INFORMATION 家長或合法監護人資料

Name 姓名	Occupation 職業	Company Name 公司名稱	Mobile no. & Email Address 聯絡電話及電郵	Relationship with Applicant 與申請人關係

INFORMATION ON RELATIVES WHO ATTENDED SKYWIDE 曾經或現正就讀本校之親屬資料

Name 姓名	Relationship with Applicant 與申請人關係	Year Attended 就讀年份	Current Grade 現正就讀年級

EMERGENCY CONTACT 緊急聯絡人

Name 姓名	Relationship with Applicant 與申請人關係	Mobile Number 聯絡電話

Admission Documents 申請所需文件

- Sky Wide application form
- Copy of the applicant's birth certificate or passport 申請人出生證明或護照複印本
- Copy of the applicant's immunisation record 申請人免疫記錄複印本
- Copy of parent's /guardian's identity card / passport 父母或監護人身份證明文件
- 2 passport sized photographs 2 張護照尺寸照片
- 3 self-addressed stamped envelopes 3 個已貼郵票的回郵信封

Submission Method 遞交方法

1. Mail to Shop A on G/F, 1 San Wai Street, Hung Hom, Kowloon, Hong Kong 郵寄至香港九龍紅磡新圍街 1 號地下 A 舖
2. Fax to 2827 7355 傳真至 2827 7355
3. Submit in person 親身遞交

For Office Use Only	
Applicant No. _____	Data Received _____
Interview Date _____	Class Placement _____
Mode of Transportation _____	Remarks _____