

CATHOLIC MISSION SCHOOL 天主教總堂區學校

Tel: 2547 7618 Fax: 2559 1595 中環律打街 Rutter Street, Central



入學申請表

Admission Application Form

校方均	真寫 For officia	al use							
申請編	號 tion No.		學生編號 STRN						
收表日	期		面試日期				請貼上	學生近照	
Date of 取錄與	Receipt		Date of Inte	erview 後補		下獲取錄	∧ ffi	x here	
Admiss	ion Result	Admitted		Waitlist		Not Admitted		ent photo	
分班情 Group A	汉 Allocation								
班別	社 Hous	中文組	英	文組	數學組				
Class	Hous	e Chi. Group _	En	ng. Group	_ Math. Grou	ıp			
I	學生資料 Stud	dent's Personal Detail	S						
學生姓名 (中文 Chinese) (姓氏 Surname) (名稱 Given Name									
	nt Name	(dd /mm/ yy)	.11 .1			年龄	1.1 -7	1	
出生 E Date o	引期 of Birth	(dd/llill yy)	出生地方 Place of Birth	出生地方 Place of Rirth			性別 Sex		
國籍	, i Birvii		種族 (教育局用				5611		
Nation	nality			Ethnicity (For EDB)			宗教信仰 Religion		
	出國家			雙照/身份証號碼			護照到期日		
_	rt Issuing Country		rassport/fixiD	assport /HKID No.			Passport Expiry Date		
學生居民身分首次到港日期Student's Residence StatusDate of Entry H									
□ 永久	久性居民	□ 學生簽	証 (居港期限 Perr	mit of Stay)					
□ HKPR □ Student Visa □ 申請入讀年級 □ 持外國護照的永久性居民 □ 父母工作/眷屬簽證 □ (房港期限 Permit of Stay) □ Applying for Ye									
		Previous School(s)	work Dependent v	154					
年龄 Age		學校名稱 Name of School		國家 Country	7	期間 Period	年級 Year/Grade	主要授課語言 Main Language of Instruction	
					(n	nm/ yy) -(mm/ yy)			
					(n	nm/ yy) -(mm/ yy)			
					(n	nm/ yy) -(mm/ yy)			
III	學生住址 He	ome Address of Stude	nt						
住址									
Addre	SS								
住宅電									
Home Tel									
IV	學生天主教			Background (If	any)				
洗禮日期 (dd/mm/yy)			7)	領堅振日期			(dd/mm/yy)		
	of Baptism			Date of Confirmation					
洗禮 ^出 Place	也點 of Baptism			領堅振地點 Place of Confirmation					
I	-			I					

住宅地址 (如有不同) 職業	nality pation le				
NameNatio住宅地址 (如有不同)職業Home Address (if different)Occu電郵地址電話	pation				
Home Address (if different) Occu 電郵地址 電話					
	le				
WIODI					
母親 Mother					
姓名 Name	國籍 Nationality				
住宅地址 (如有不同)職業Home Address (if different)Occur	pation				
電郵地址 電話 Email Address Mobi	le				
監護人 Guardian					
學生監護人為 Guardian of students	「項目) plete the followings items)				
	與學生關係 Relationship with child				
住宅地址 (如有不同)職業Home Address (if different)Occu	pation				
電郵地址 電話 Email Address Mobi	le				
請決定聯絡人的先後次序 (由 1 至 3):					
Please indicate, in order of priority (From 1 to 3), the person to contact:					
文親 母親 Father Mother 監護人 Guardian					
緊急聯絡人 Emergency Contact (需為家長以外的聯絡人 The person to call when unable to contact parents)					
姓名 電話 與學	生關係				
Name Mobile Relat	Relationship with child				
VI 學生之語言及學習背景 Student's Background of Language and Academi	c				
語言 Language					
□ 從未 Never	□ 從未 Never				
開始學習中文的階段 Kindergarten					
Starting stage of learning Chinese					
□ 高小 Primary 4-6					
第一語言或母語 Child's FIRST/NATIVE language 第二語言(如	有) Child's SECOND language (If any)				
學生認識的語言 Spoken Language 其他語言(如有) Child's ADDITIONAL languages (If any) 家中使用	語言 Main language spoken at home				

學習 Academic			∠ は 」	11 0.11	35 J. 37					
學生曾否被安排到與其實際年齡層不相符的 Has your child ever been placed in a class abo age? If yes, please give details.	細節。	羊情如下 Yes	, details are as follows	没有 No						
學生曾否因特別材能而參加特別課程?如有 Has your child ever attended special classes be yes, please give details.	lent? If									
學生曾否求助於教育心理學家、職業治療師師或其他專家?如有,請列明細節,並附上, Has your child ever been seen by an Educat Therapist/ Psychiatrist/ Counsellor/ Speech The please give details and include any reports.	ational									
學生曾否因任何於學習、社交、情緒或行為 殊班別?如有,請列明細節。 Has your child ever received any special help o any learning, social, emotional or behavioral diff	ses for									
最喜爱的科目	最有成就的科目		最弱的科目	4						
Favourite subject 興趣及嗜好 Interests & Hobbies	Most successful subject(s)		Weakest subj	ect						
請臚列出貴子弟感興趣的課外活動、在特定方才能或任何已獲取的獎狀。 Please list your child's skills/ interests/ talents/ scawards received.										
健康 Health 如學生患有任何疾病而可能影響他/她在課室的表現,包括體育課和游泳班,請列明細節。 Please indicate any information which might affect your child's performance in the classroom or during Physical Education lessons and/or swimming lessons.										
學生是否正在服用處方藥物?如有,請列明細節。 Is your child on any prescription drugs? If yes, please giv	re details.	有,詳情如下	有,詳情如下 Yes, details are as follows							
VII 其他資料 Other Information										
請寫下學生轉校的原因,以及選擇本校的原因。 Please specify the reason for transferring the school and why you chose Catholic Mission School for your child:										
介紹人 Referrer		姓名	Name							
	40.33									
附註 Remarks 本校會致電通知候選者到校進行面試 School would inform prospective students to come to the school for an interview and written test 所有資料只在申請入學過程中使用,未獲取錄者/未獲安排面試者的資料將會於一年內銷毀 All application information is only used for the school's administrative purposes and would be kept confidential. All information would be properly shredded within a year										
家長/監護人簽署 Parent's /Guardian's Signature: 家長/監護人姓名 Parent's /Guardian's Name:			期 te:							

閣下遞交表格時,請帶備以下文件一同遞交:

Please submit the following supporting documents with the Application Form:

- 學生相片 (護照規格尺寸)一張貼在申請表上
- One passport size **photograph** affix to application form
- 學生出生證明副本一份
- 2. 子生四生過少四年 A copy of applicant's birth certificate

非香港居民:學生護照副本一份 (如需簽証,請連同簽頁面一併影印)

- 3. Non-HK Resident: A copy of the photograph page (and the "visa/permit page" if applicable) of the applicant's passport
- 學生父母護照或香港身份証副本一份(如需簽証,請連同簽頁面一併影印) A copy of parents' photograph pages (and the "visa/permit pages" if applicable) of their passports/ HKID
- 學生於當前學校的成績表 (最近的一至兩個學期) 5. A copy of one or two of the most recent academic reports from the applicant's current school
- 住址證明副本一份 (最近三個月內) 6. A copy of residential address proof (within the last three months)
- 學生天主教領洗紙 (如有) 7. 子生入土致病儿科(x=カ) A copy of applicant's Baptism Certificate (if applicable)

請將上述文件連同表格一同親臨或以郵寄方式送到以下地址。海外申請人則可郵寄方式遞交。 Please submit the completed Application Pack to the Catholic Mission School by hand or via post or courier to the address below. For families living overseas applications may be submitted by post.

> 天主教總堂區學校 Catholic Mission School Rutter Street, Central 中環律打街 Hong Kong 香港 Tel: 2547 7618 Fax: 2559 1595 Email: cms@cms.edu.hk

www.cms.edu.hk