

申請編號
Application No.

樂善堂梁銜瑀書院
LOK SIN TONG LEUNG KAU KUI COLLEGE
(2024 – 2025)

中一自行分配學位申請表
Application Form for S1 Discretionary Place

近
Recent Photo
照

校方專用 For School Use	✓/×
中一自行分配學位申請表	
小五成績表 副本	
小六成績表 副本	
身份證或出生證明書 副本	
課外活動及服務證明 副本	
回郵信封連郵票(\$2.20) 兩個	

學生姓名：(中文) _____ (英文) _____
Name (Chinese) _____ (English) _____
出生日期(日/月/年)：_____ 性別：_____ 年齡：_____
Date of Birth (DD/MM/YY) _____ Sex _____ Age _____
出生地點：_____ 國籍：_____ 籍貫：_____
Place of Birth _____ Nationality _____ Place of Origin _____
到港日期(如適用)：_____ 學生註冊編號(STRN)：_____
Date of Arrival (If any) _____ Student Reference No. (STRN) _____
香港身份證號碼：_____ 其他身份證明文件：_____ 如有，號碼：_____
HKID No. _____ Other Identification Document _____ If yes, No.: _____
住址 (中文)：_____ 住址電話 Phone No. (Home)：_____ 其他聯絡電話(緊急用途) Emergency Contact No.：_____
Address (Chinese) _____
(英文)：_____ (English) _____

	姓名 (Name)	職業 (Occupation)	聯絡電話 (Contact No.)
父親 Father	(中) (Chinese)	行業(Industry)	手提(Mobile)
	(英文) (English)	職位(Position)	
母親 Mother	(中) (Chinese)	行業(Industry)	手提(Mobile)
	(英文) (English)	職位(Position)	
監護人 Guardian	(中) (Chinese)	行業(Industry)	手提(Mobile)
	(英文) (English)	職位(Position)	

監護人與學生關係：_____ 父母或監護人電郵地址(如有)：_____
Relationship with Applicant _____ Parent's/Guardian's E-mail Address (If any) _____

小六就讀學校：_____ 操行：_____
Primary School(s) attended _____ Conduct _____

年度 Year	課外活動或獎項 Extracurricular Activities / Awards
-	
-	
-	

是否有親人在本校就讀？(請在適當的 加上 號) 沒有
Relative(s) studied / is / are studying in our school (tick the appropriate box) No

有，姓名：_____ 關係：_____ 班級：_____ / 已畢業(畢業年份：_____)
Yes, Name _____ Relationship _____ Class _____ Graduated (Year of graduation) _____

從何得悉本校資訊？(可多於一項)
How did you obtain the information of our school? (May tick more than one)

小學老師 Primary school teachers 校友 Our alumni 親友 Friends & relatives
 本校校訊及刊物 Our school newsletter & publications 本校網頁 Our school website 其他(請註明) Others (please specify) _____

本人(等)證實以上所提供之各項資料及文件均屬事實。
I/We confirm that the information and the documents I/we have provided are true and complete.

申請人簽署：_____ 父母 / 監護人簽署：_____ 日期：_____
Signature of Applicant _____ Signature of Parents / Guardians _____ Date _____

校方專用：
For School Use _____

地址 / Address：香港西營盤醫院道 28 號 / 28 Hospital Road, Sai Ying Poon, H.K. 網址 / Website：http://lstlkkc.edu.hk
電話 / Phone No.：2858 7002 傳真 / Fax No.：2857 2705 電子郵箱 / Email Address：office@lstlkkc.edu.hk

樂善堂梁銖瑀書院
LOK SIN TONG LEUNG KAU KUI COLLEGE

「個人資料（私隱）條例」聲明
Personal Data (Privacy) Ordinance

本表格所收集的資料，將用以辦理入學事宜。本校可能會把這些資料披露予教育局或其他獲授權處理個人資料的學校，用以處理學位分配或其他有關教育的事宜。

The information collected in this form will be used for admission purpose. The school may disclose such information to the Education Bureau or other schools authorized to process the personal data for the purpose of dealing with the allocation of places or other related matters.

申請人必須在本表格提供個人資料及遞交相關資料。如提供的資料不足，本校可能無法處理有關申請。

You must provide your personal information and submit related documents. If the information provided is insufficient, our school cannot process your application.

申請人有權按照「個人資料（私隱）條例」第 18 和 22 條及附表一第六原則的規定，查閱及改正個人資料。查閱資料的權利，包括取得本表格/紀錄所載個人資料的副本。

Under the provisions of sections 18 and 22 and the Sixth Principle of the Personal Data (Privacy) Ordinance, you have the right to access and correct your personal information. The right of access to information includes obtaining a copy of the personal data and record put in this form.

如欲查詢有關本表格收集的個人資料，包括查閱及改正資料，請與本校校務處職員聯絡。地址：香港西營盤醫院道 28 號，電話：28587002。

For enquiries about the personal data collected in this form, including access to and correction of information, please contact our General Office staff at 28587002. School Address: 28 Hospital Road, Sai Ying Poon, HK.

備 註 Remarks

根據教育局規定，非本地兒童無權獲香港官立及資助學校所提供的學位。若申請人為非本地兒童（持單程證來港的內地兒童為合資格的本地兒童），其申請將自動失效。

According to the Education Bureau, non-local children are not entitled to receive education in government schools or aided School in Hong Kong. If the applicant is a non-local child (excluding the child holding the single entry permit), the application will be considered as invalid.