

# The Chinese Muslim Cultural & Fraternal Association

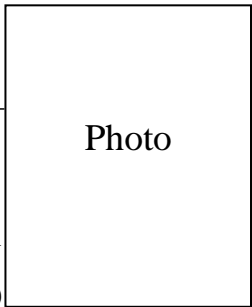
## Registration Form for Placement of Pupils

- |   |   |               |
|---|---|---------------|
| <input type="checkbox"/> Islamic Primary School                       | Yau Oi Estate, Tuen Mun, New Territories    | Tel. 24502270 |
| <input type="checkbox"/> Islamic Kasim Tuet Memorial College          | 22 Tsui Wan Street, Chai Wan, HK            | Tel. 25709066 |
| <input type="checkbox"/> Islamic Dharwood Pau Memorial Primary School | Tsz Lok Estate, Tsz Wan Shan, Kowloon       | Tel. 23201300 |
| <input type="checkbox"/> Islamic Pok Oi Kindergarten                  | Cheung On Estate, Tsing Yi, New Territories | Tel. 24324024 |

\* Please tick one of the above choices of affiliated schools you are applying for admission.

**Grade Applied:** \_\_\_\_\_ **Introduced by :** \_\_\_\_\_

**Name:** \_\_\_\_\_, \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese\*) **Sex:** \_\_\_\_\_  
(Family Name) (Given Name)



**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Length of Stay in Hong Kong:** \_\_\_\_\_ year \_\_\_\_\_ month

**Nationality:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ (Country)

**Birth Certificate No.:** \_\_\_\_\_ **HKID Card No.:** \_\_\_\_\_ **Passport No.:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Contact telephone No.:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

**Full Address in English:** \_\_\_\_\_

Previous Schools	Class or Form	Date
		From:                      To:
		From:                      To:

Language Use of Applicant	Listen	Speak	Write
<b>English</b>	Yes / No / A Little	Yes / No / A Little	Yes / No / A Little
<b>Chinese</b>	Yes / No / A Little	Yes / No / A Little	Yes / No / A Little
<b>Other: (                      )</b>	Yes / A Little	Yes / A Little	Yes / A Little

\*Language used at home: \_\_\_\_\_

Particulars of Parent / Guardian					
Name	Relationship	ID Card No.	Emergency Phone	Language	Occupation

Particulars of Brother and Sister Attending School				
Name	Relationship	Age	Name of School	Form/Level/Course

\*Chinese Name using at School:  If needed, school provides a Chinese name     Will use the current Chinese name

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

### FOR SCHOOL USE ONLY

**Documentary Proof :**

**Applicant:**     Hong Kong Birth Certificate     HKID Card     Travel Document     Previous School Records

**Parent / Guardian:**     Hong Kong Birth Certificate     HKID Card     Travel Document     Address Proof

**Student Reference No.:** \_\_\_\_\_ **Date of Interview:** \_\_\_\_\_ **Interviewed by** \_\_\_\_\_