

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: _____

Photo

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

| Language Use of Applicant | Listen | Speak | Write |
|---------------------------|---------------------|---------------------|---------------------|
| English | Yes / No / A Little | Yes / No / A Little | Yes / No / A Little |
| Chinese | Yes / No / A Little | Yes / No / A Little | Yes / No / A Little |
| Other: () | 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

Student Reference No.: _____ Date of Interview: _____ Interviewed by _____