# York International Kindergarten York International Pre-School York International Child Care Centre 

## Application Form

| CLASS APPLIED <br> ( please $\checkmark$ which applicable box ) |  |  |
| :---: | :---: | :---: |
| $\square \mathrm{PN}$ | $1^{\text {st }}$ Choice | A.M. Session $\square$ |
| $\square \mathrm{N} 1$ |  | P.M. Session $\square$ |
| $\square \mathrm{L} 2$ | $2^{\text {nd }}$ Choice | A.M. Session $\square$ |
| $\square$ U3* |  | P.M. Session $\square$ |

*U3*: PM Session Only

Applicant's name :

| For School Use Only |
| :--- |
| Application No. |
| Interview No. |
| Submission Date |
| Date of Interview $\quad$ Time |
| Date of Admission |

## Personal Details of Applicant

Personal Details of Applicant
$1^{1 / 2 " \prime} \times 2^{\prime \prime}$
PHOTO

Family Name : $\qquad$

Given Name: $\qquad$

|  |
| :--- |
|  |
| $1^{1 / 2 \prime \prime} \times 2^{\prime \prime}$ |
| PHOTO |
|  |
|  |

Chinese name: $\qquad$
$\square$ Male
$\square$ Female

Place of birth: $\qquad$ Date of birth: $\qquad$

Nationality: $\qquad$ Birth Certificate/Passport No.: $\qquad$

First language: $\qquad$ Other language(s) spoken : $\qquad$

## Father's Information

Title: *Mr. $\square /$ Dr. $\square$ / Prof. $\square$ Marital status: *Single $\square$ / Married $\square$

Family Name: $\qquad$
Chinese Name: $\qquad$
First Language: $\qquad$
Academic Qualification: $\square$ Postgraduate Study $\square$$\square$ University Graduate

Profession/occupation: $\qquad$
Company Name: $\qquad$
Work Address: $\qquad$
Phone: $\qquad$ Mobile: $\qquad$
Fax: $\qquad$ E-mail: $\qquad$
Is the applicant's father previously a York student? $\square$
If yes, please state the latest year of attendance at York: $\qquad$

## Mother's Information

Title: *Ms. $\square$ Miss $\square$ / Mrs. $\square /$ Marital status: *Single $\square$ / Married $\square$ Dr. $\square$ / Prof. $\square$

Family Name: $\qquad$
Chinese Name: $\qquad$

First Language: $\qquad$
Academic Qualification: $\square$ Postgraduate Study $\square$ University Graduate Profession/Occupation: $\qquad$
Company Name: $\qquad$
Work Address: $\qquad$
Phone: $\qquad$ Mobile:

Fax: $\qquad$ E-mail: $\qquad$
Is the applicant's mother previously a York student? $\square$ Yes $\square$

If yes, please state the latest year of attendance at York: $\qquad$

Details of Other Siblings

| Name | Age | Sex | Present school attending |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Does the applicant have any siblings who have studied at York before?
$\square$ Yes
$\square$ No

| Name of sibling who is / was a York student | Latest class and year at York |
| :---: | :---: |
|  | Class: *PN $\square /$ N1 $\square /$ L2 $\square /$ U3 $\square$ Year: |
|  | Class: *PN $\square$ / N1 $\square /$ L2 $\square /$ U3 $\square$ Year: |
|  | Class: *PN $\square /$ N1 $\square /$ L2 $\square /$ U3 $\square$ Year: |

## Family Details

Applicant lives with
$\square$ Father $\quad \square$ Mother $\quad \square$ Step-father $\quad \square$ Step-mother $\quad \square$ Brother $(\mathrm{s}) /$ Sister $(\mathrm{s})$

Guardian $\qquad$ (name)

## Family Contact Details

Hong Kong residential address (In Capital Letters):

| Flat/Room | Floor | Block | Name of Buid | /Estate | $\bigsqcup_{\text {Number and Name of Street (or Village) }}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\square$ | Hong Kong | - Kowloon | $\square$ New Territories |
| District |  |  |  |  |  |
| Hong Kong | ential | dress ( | ( Chinese :) |  |  |
| Flat/Room | Floor | Block | Name of Bul | g/Estate | $\square$ <br> Number and Name of Street (or Village) |
| District |  |  | Hong Kong | $\square$ Kowloon | $\square$ New Territories |
| Phone : |  |  |  | Fax |  |
| E-mail : |  |  |  |  |  |

Please state the email address you wish to use to receive information from.

## Education Details

List current or previous kindergarten / pre-kindergarten attended (if any)

Does the applicant have any health or physical concerns? $\quad \square$ Yes $\quad \square$ No If yes, please specify $\qquad$
$\qquad$

Does the applicant have any special needs?

If yes, please specify $\qquad$
$\qquad$

Does the applicant have any special skills, interests or talents?
Please specify $\qquad$
$\qquad$

Other information or comments that you think we should know about this applicant. $\qquad$
$\qquad$

## Documents to be submitted with this Application Form

$\square$ One photograph attached to this application form.
$\square$ Photocopy of Birth Certificate.
$\square$ Photocopy of Immunization Record (if applicable).
$\square$ Most recent school report (if applicable).
$\square$ Medical / special needs reports (if applicable).
$\square$ Four self-addressed A5 envelopes $(14.8 \mathrm{~cm} \times 21 \mathrm{~cm})$, stamped at $\$ 5.4$ dollars each.

## Child Care Centre Applicants Only

| SESSION PREFERENCE |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Session | Tentative Session Times | Duration | First Choice | Second Choice |
|  | 8:30am - 10:30am | 2 hours | $\square$ | $\square$ |
| 1. Monday, Wednesday \& Friday | 10:45am - 12:45pm | 2 hours | $\square$ |  |
| 2. Tuesday \& Thursday | 1:00pm - 3:00pm | 2 hours | $\square$ | $\square$ |
|  | 3:15pm - 5:15pm | 2 hours | $\square$ | ] |

$\square$ Please $\checkmark$ where applicable

Father's signature $\qquad$ Mother's signature $\qquad$

[^0]After receiving the completed application form, the school will send a sms to the parent. Parents must remenber to keep this message as proof for future reference.
Declarartion from Parent:
I declare that the data given in this form is accurate and complete, and consent that the data can be used in accordance with the School's Policy on Personal Data. If my application is successful, I shall obey the regulations of the School. The applicant can refer to the School's Policy on Personal Data which is available at the general office of the school.


## Kindergarten Campus:

51, Cumberland Road,Kowloon Tong, HK
Tel: (852) 2336-1483 Fax: (852) 2336-1825
York International Pre-School:
G/F (Portion) \& 1/F, No. 14 Stafford Road, Kowloon Tong, Kowloon
Tel: (852) 2339-0728 Fax: (852) 2337-8083


[^0]:    Please send this Application Form, supporting documents and non-refundable application fee (made payable to Genlink International Ltd.).
    For those who applied for the Pre-Nursery (PN) classes, please mail your cheque to 10 York Road, Kowloon Tong, Kowloon.
    Should you applied for the kindergarten classes (N1, L2 or U3), please mail your cheque to 51 Cumberland Road, Kowloon Tong, Kowloon.

