

**FORM B**

For applicants whose brother is a student / graduate of YWPS / YWC

**Ying Wa Primary School**

No. 3, Ying Wa Street,

Shamshuipo, Kowloon

Tel : 2728 3320

Website : www.yingwaps.edu.hk

**P1 Admission Application**

No. : ywps\_\_\_\_\_ (2013/14)

(for official use only)

Application Form for Admission to Primary One

Please read carefully the attached "Application Procedures"

## A. Applicant's Particulars

Name in Chinese				Applicant's Recent Photo
Name in English				
Date of Birth	/ / ( DD / MM / YYYY )			
Place of Birth		Nationality		
HK Birth Certificate/ID No./Others(Please specify)				
Residential Address				
Contact No.		Email		
Name of School Attending		Class in the year 2012-2013		
Applicant's brother being a student / graduate of Ying Wa Primary School (Please fill in the brother's information)				
Name	Class in the year 2012-13 / Year of graduation			

## B. Parents'/Guardian's Particulars

	Father	Mother	Guardian (if applicable)
Name			
Contact No.			
Occupation			
Name of Company			

C. Other Information

Applicant always attending Religious Gatherings, with Letter of Recommendation by Pastor	<input type="checkbox"/> Yes <input type="checkbox"/> With letter of Recommendation	<input type="checkbox"/> No
Applicant has Certificate of Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> With a copy	<input type="checkbox"/> No

	Father	Mother
Being a Registered School Manager of our School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working Full Time in our Primary / Secondary School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same Religious Affiliation as the Sponsoring Body of our School, Baptized and have joined a Church	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Church:	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Church:
Always attending Religious Gatherings, with Letter of Recommendation by Pastor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With letter of Recommendation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With letter of Recommendation

**I Declare**

1. I am the parent/guardian of the above mentioned applicant.
2. I understand the purposes of the personal data provided by means of this form.
3. To the best of my knowledge and belief, the information contained in this Form is true and correct. If false information is supplied, this application will be rendered null and void.
4. I am informed that applicants are to have their first round interviews from the end of August to the end of December this year.
5. I submit photocopies of all relevant documents with this Application Form.

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

Name of Parent/Guardian : \_\_\_\_\_

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