



# Kiangsu & Chekiang Primary School (International Section) Application for Admission

\*Please enclose application fee of HK\$500  
(non-refundable and non-transferrable).

Please  
affix  
a recent  
photograph of  
Student

| PART A1: STUDENT'S PERSONAL DETAILS |   |                    |   |
|-------------------------------------|---|--------------------|---|
| Name of Applicant:                  | SURNAME   | GIVEN NAME         | (in English)  |
| 姓                                   | 名   | (in Chinese)       | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth:                      | DD  | MM                 | YYYY  |
| Birth Certificate No.:              | HKID No:  |                    | Age:  |
| Passport No:                        | Type of Passport :  |                    |   |
| Resident Status:                    | <input type="checkbox"/> Permanent <input type="checkbox"/> Dependent Visa<br><input type="checkbox"/> Student Visa | Date of Expiry:    | DD MM YYYY  |
| 1st Language:                       | 2nd Language:   |                    |   |
| Nationality:                        | Email Address:  |                    |   |
| Phone No.:                          | Hong Kong (Home)  | Hong Kong (Mobile) |   |
| Address :<br>Hong Kong              |   |                    |   |

| Part A2: SCHOOLING INFORMATION:                            |                            |                      |
|--|----------------------------|----------------------|
| Applying for which Primary/ Reception / Kindergarten Class | Starting From Month / Year |                      |
| Name of last school attended:                              | Level                      | Date (Enrolled Left) |
|  |                            |                      |
|  |                            |                      |
|  |                            |                      |
|  |                            |                      |

**ADDITIONAL INFORMATION**

Please use this space to write anything which is relevant to your child's progress at the school, i.e. illness, any current medication, special educational needs, any current family information (divorce, bereavement etc.).

**Part B1 FAMILY INFORMATION :**

|   |             |            |                                    |                    |
|---|-------------|------------|------------------------------------|--------------------|
| <b>Father's Name :</b>                  | SURNAME     | GIVEN NAME | <b>Contact No :</b>                | HK (Mobile)        |
| <b>E-mail address(s):</b><br>Personal   |             |            | <b>Occupation :</b>                |                    |
| <b>Company:</b>                         |             |            | <b>Office Contact:</b>             |                    |
| <b>Mother's Name :</b>                  | SURNAME     | GIVEN NAME | <b>Contact No :</b>                | HK (Mobile)        |
| <b>E-mail address(s):</b><br>Personal   |             |            | <b>Occupation :</b>                |                    |
| <b>Company:</b>                         |             |            | <b>Office Contact:</b>             |                    |
| <b>Guardian's Name (if applicable):</b> | SURNAME     | GIVEN NAME | <b>Contact No :</b>                | HK (Mobile)        |
| <b>E-mail address(s):</b><br>Personal   |             |            | <b>Occupation :</b>                |                    |
| <b>Emergency Contact's Name:</b>        | SURNAME     | GIVEN NAME | <b>Emergency Contact's Name:</b>   | SURNAME GIVEN NAME |
| <b>Relationship to Applicant :</b>      |             |            | <b>Relationship to Applicant :</b> |                    |
| <b>Contact No :</b>                     | HK (Mobile) |            | <b>Contact No :</b>                | HK (Mobile)        |

**Part B2 FAMILY INFORMATION SIBLING(s):**

| Full Name: | Date of Birth | Year Level | School |
|------------|---------------|------------|--------|
|            |               |            |        |
|            |               |            |        |
|            |               |            |        |

*\*For Reception to Primary 6 children, the latest school report, in English, must be submitted before an interview can be arranged.*

*\* The personal data to be supplied to this application form is for the purpose of processing your application for admission and will be used by, disclosed to or transferred among our employees only for purposes related to the process of your application for admission or where permitted by law. Failure to provide information requested under this application form may result in us being unable to process your application for admission. Should your application for admission be successful, the personal data may be retained as part of the student's records maintained by us and may be used by, disclosed to or transferred among our employees or agents/contractors/service providers for the administration of the affairs of the student or where permitted by law. Request access to and correction of the personal data provided by you and held by us may be made in writing to the school secretary at 30 Ching Wah Street, North Point, Hong Kong or emailed to enquiry@kcs.edu.hk.*

**PART C: EDUCATIONAL INFORMATION FORM**

1. Does the applicant have any special educational needs? Yes No

Has the applicant undergone any evaluative testing or received any services for learning support? Yes No

Please attach a copy of the report of the applicant's most recent testing.

2. Has the applicant attended any ESL (English Second Language) programme. Yes No

If yes, please supply us with more details of the programme.  
(i.e. length of programme, written report from the teacher. )

3. Has the applicant repeated any years at school? Yes No

4. Has the applicant ever been requested to leave school? Yes No

If yes, please give more details.

5. Does the applicant have any further physical concerns? Yes No

6. Is the applicant currently taking any prescribed medication? Yes No

**PART D: MEDICAL DETAILS (Does your child suffer from)**

Asthma or other Allergies?

Yes No

Epilepsy?

Yes No

Heart Condition?

Yes No

Diabetes?

Yes No

Date of last hearing test (mm/yr)

Please attach details of results.

Date of last eye test (mm/yr)

Please attach details of results.

Other medical conditions?