

家長或監護人資料 Parent's/Guardian's Particulars

姓名 Name			
手提電話 Mobile No.			
職業 Occupation			
關係 Relationship			

聲明 Declaration

本人聲明：

I declare that:

- | | | |
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| 1. 本人明白此表提供的資料所作用途； | (1) | I understand the purpose for which the personal data provided by means of this form will be used. |
| 2. 本表所填資料全屬真確，倘有虛報不實，申請將作廢。 | (2) | To the best of my knowledge and information contained in this form is true and correct. If false information is supplied, this application will be rendered null and void. |
| 3. 隨表附奉各有關證明文件副本，以供參考。 | (3) | I submit photocopies of all relevant documents with this Application Form. |

本人確認申請 仁濟醫院第二中學 2024/25 學位。

I confirm I would apply for a Yan Chai Hospital No.2 Secondary School School Place in 2024/25.



申請人簽署

Signature of Applicant

申請人姓名

Name of Applicant

日期

Date

網址 Web: <http://www.ych2ss.edu.hk>

電話 Tel : 2467 3736 傳真 Fax : 2456 2302 校址：屯門第 31 區楊青路 (輕鐵：青山村站) Address: Area 31, Yeung Tsing Road, Tuen Mun

校務處專用 Office only

處理職員姓名 Name of Staff

收表日期 Date Received

 文憑試成績通知單副本 學校成績表副本 獎項/服務/活動證書副本 (如有)