



# 仁濟醫院第二中學

中一至中三轉校申請表格

**Yan Chai Hospital No.2 Secondary School**  
Application Form For S1-S3 Transfer School Places

申請編號 Application No.

所填資料供本校處理收生有關事宜之用  
All information collected is for the purpose  
of applying for admission in our school only.

## 申請學生資料 Applicant's Particulars

英文姓名

Name in English

中文姓名

Name in Chinese

性別

Gender

出生日期 (年/月/日)

Date of Birth (Year/ Month/ Day)

出生地點

Place of Birth

請貼近照

Please affix a recent photo

住址

Residential Address

住宅電話

Home Telephone No.

手提電話

Mobile Telephone No.

電郵地址

Email Address

香港身分證號碼

HK Identity Card No.

教育局學生編號

EDB Student Reference No. (STRN)

申請入讀學年

☐ 2025 至 2026 學年

Academic Year Apply For

☐ 2026 至 2027 學年

入讀級別

From Apply For

轉校原因

Reasons for transferring to our school

只供新來港學童填寫 For newly-arrived Children only

通行證編號 One-way Permit No.

到港日期 Date of Arrival

## 學業表現及品行 Academic Performance & Conduct

現時就讀學校名稱

Name of school you are attending

學年 Sch Yr.

年級 Grade

中文 Chinese

英文 English

數學 Math

操行 Conduct

## 其他學習經歷表現 Other Learning Experiences

學年 Sch Yr.

活動/服務項目 Name of Activity/Service

資歷/獎項 Qualifications / Awards

## 家長或監護人評語 Parent's/Guardian's Comments

請分享 閣下作為家長/監護人，最欣賞申請人哪些特質。

Please share with us the qualities of the applicant that you appreciate most from the parent's/guardian's perspective.

曾/現就讀本校之親屬 A relative who has studied or is currently studying at our school

姓名 Name			
關係 Relationship			
現 / 曾就讀的班別 Currently / previous class			

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:

- |                             |  |
|-----------------------------|--|
| 1. 本人屬上述學生家長/監護人；           | (1) I am the parent/guardian of the above-mentioned student.   |
| 2. 本人明白此表提供的資料所作用途；         | (2) I understand the purpose for which the personal data provided by means of this form will be used.  |
| 3. 本表所填資料全屬真確，倘有虛報不實，申請將作廢。 | (3) 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. |
| 4. 隨表附奉各有關證明文件副本，以供參考。      | (4) I submit photocopies of all relevant documents with this Application Form.   |

本人確認為上述申請人，申請 仁濟醫院第二中學學位。

I confirm, on behalf of the applicant, that I am applying for a school place at Yan Chai Hospital No.2 Secondary School.

家長 / 監護人簽署  
Signature of Parent / Guardian

家長 / 監護人姓名  
Name of Parent / Guardian

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	

○ 成績表副本 ○ 獎項/服務/活動證書副本 (如有)