



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		請貼近照 Please affix a recent photo
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	
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 Academic Year Apply For	<input type="checkbox"/> 2025 至 2026 學年 <input type="checkbox"/> 2026 至 2027 學年	入讀級別 From Apply For
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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:

- 本人屬上述學生家長/監護人； (1) I am the parent/guardian of the above-mentioned student.
- 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.
- 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.
- 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)