



仁濟醫院第二中學

2025/26 學年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 2025/26

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

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)

轉校原因

Reasons for transferring to our school

申請入讀級別

From Apply For

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 2025/26 學位。

I confirm, on behalf of the applicant, that I would apply for a Yan Chai Hospital No.2 Secondary School School Place in 2025/26.

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)