



**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 2023/24 學位。

I confirm that I would apply for a Yan Chai Hospital No.2 Secondary School School Place in 2023/24.

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)