



新會商會學校  
San Wui Commercial Society School

**Registration Form**

**Student Information**

STRN No: \_\_\_\_\_ (if applicable)

Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) Age: \_\_\_\_\_

Place of Birth:  Hong Kong  Other (please specify): \_\_\_\_\_

ID Number: \_\_\_\_\_ Sex: M / F

ID Type:

- Hong Kong Birth Certificate  Hong Kong ID Card  Re-enter Permit  
 Passport  HK Doc of Identity for Visa Purposes  Enter Permit(Dependent for N months)  Declaration of ID for Visa Purpose  One-way Permit  
 Other (please specify): \_\_\_\_\_

photo

Date of first entry to Hong Kong: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)

Highest grade studied(Outside Hong Kong): \_\_\_\_\_

School year of highest grade studied: \_\_\_\_\_

Date of first school enrollment in Hong Kong: \_\_\_\_\_

Date of first primary school enrollment in Hong Kong: \_\_\_\_\_

Previous School: \_\_\_\_\_ (Morning / Afternoon / Full Day)

Address(English): \_\_\_\_\_

Address(Chinese): \_\_\_\_\_

Mailing address(if different from the above):  
\_\_\_\_\_

Home No.: \_\_\_\_\_ Other contact No.(please specify) \_\_\_\_\_

E-mail: \_\_\_\_\_

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\*Individual education needs: \_\_\_\_\_

Family Details:  live with parents       if not, please list \_\_\_\_\_

claimed for Comprehensive Social Security Assistance

(please provide relevant proof to apply for financial aid)

**Family member details**

Relation-ship	Name	Age	Occupation	Educational Level	Contact phone No	Lives in family home Yes/No	Brother or sister at SWCSS Yes/No	Alumni Yes/No

Remarks: The personal information above provided by applicants are for the use of admission application; the information is treated confidentially; the information may be transferred to government departments, including the Departments of Education, Social Welfare, Health and so on...

Optional Information (for school use only):

1. Was our school your first choice for Central Allocation?       Yes     No

2. If not, which school was your first choice? \_\_\_\_\_

**Parent information**

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact person and no. : \_\_\_\_\_ (\_\_\_\_\_)

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

School use only:

Placement of enrollment: \_\_\_\_\_

Recommended Support:

\_\_\_\_\_