



伊利沙伯中學舊生會湯國華中學
 Queen Elizabeth School Old Students' Association Tong Kwok Wah Secondary School
2024-25 Academic Year
Application Form for Secondary One Discretionary Places

| | | |
|---|------------------------------|---------------|
| Applicant's Name: Name in Chinese: _____ Name in English: _____ | Recent photo of Applicant | Reference No. |
|---|------------------------------|---------------|

Hong Kong Identity Card Number: _____ ()

Date of Birth: _____ (DD/MM/YY) Place of Birth: _____ Gender: _____

Correspondence address: _____

Telephone number: _____

Particulars of Parent(s) and Guardian(s):

| Relationship with the applicant | Name in Chinese | Name in English | Occupation | Ordinarily resident in Hong Kong |
|---------------------------------|-----------------|-----------------|------------|--|
| Father | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Mother | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Guardian (relationship: _____) | | | | <input type="checkbox"/> Yes / <input type="checkbox"/> No |

Parent or Guardian Contact Number (daytime): _____ (nighttime): _____

Mobile Phone Number: _____ Email address: _____

Primary Education *Please writes in reverse chronological order.*

| Name of School | Period of study and class attended | | | |
|----------------|------------------------------------|-------|--------------|-------|
| | From (YYYY/MM) | Class | To (YYYY/MM) | Class |
| | | | | |
| | | | | |
| | | | | |

Particulars of sibling(s) and/or relative(s) currently attending / previously attended our school

| Name of brother / sister / relative | Relationship with the applicant | Period of study and class attended | | | |
|-------------------------------------|---------------------------------|------------------------------------|-------|--------------|-------|
| | | From (YYYY/MM) | Class | To (YYYY/MM) | Class |
| | | | | | |
| | | | | | |
| | | | | | |

Application for S1 DP Information (continued)

Student's Other Learning Experience

Please write in reverse chronological order. Supplementary sheets can be attached to this form if needed.

| Type | Date attained or From (YYYY/MM) | Name of the Activity | For School Use Only |
|-----------------------|---------------------------------|----------------------|---------------------|
| Services | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Sports | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Arts | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Other Special Talents | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Application for S1 DP Information (continued)

Student's Achievements and Awards

Please write in reverse chronological order. Supplementary sheets can be attached to this form if needed.

| Date attained or From (YYYY/MM) | Title of achievement or prize | For School Use Only |
|---------------------------------|-------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Reason(s) for applying for our school (Supplementary sheets can be attached if needed.)

Signature of the applicant: _____ Signature of the parent / guardian: _____

Date: _____

The following column is for school use only