



LING LIANG CHURCH SAU TAK PRIMARY SCHOOL

Transfer Admission Application Form

Student Name	_____			Please paste a recent photo here
	(Surname)	(Given Names)		
Date Of Birth		Sex:	Nationality:	
Place Of Birth		H.K. Birth Cert. No.:		
<i>If the student does not have a Hong Kong Birth Certificate, please fill in the Document Type and Document No. of his / her valid identity document in the boxes provided.</i>				
Document Type		Document No.:		
Level	P. _____	1 st term / 2 nd term	Tentative month: _____	
Address				
Tel. No.	Home:	Mobile Phone: (Father)	Mobile Phone: (Mother)	
Language spoken at home	<input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Others: _____		<input type="checkbox"/> Local Student <input type="checkbox"/> NCS Student	
Previous School/ Kindergarten				
Reason for changing school				

Siblings currently studying at LLCST	Name:	Class:
Father	Name:	Occupation:
Mother	Name:	Occupation:

Name of Parent / Guardian: _____ (Block letters)

Signature of Parent / Guardian: _____ Date: _____

*Please bring the copies of the following documents when submitting the form

(1) Student birth certificate (2) the recent school report (3) Parents' / Guardian's HKID (4) Address

*** For School Use Only ***

Written Test & Interview	Result of Written Test			Performance of Interview
	Chinese	English	Maths	
Date: ___ / ___ / ___				
Time	Result of Application			Remarks:
___:___ AM / PM	Accepted / Rejected			