



晶晶幼稚園 (屯門校)

JING JING KINDERGARTEN (Tuen Mun Branch)

Tuen Mun Branch : Upper G/F, Shop 5,10,11,13-20,23,24, Common Bond Shopping Arcade, 7 Tsing Chui Path, Tuen Mun Tel: 2457 4666 2457 1572

Hung Shui Kiu Branch: G/F, Lai Hung Garden, No,1, Tan Kwai Tsuen Road, Hung Shui Kiu, Yuen Long.,N.T. Tel.: 2479 6233 2479 6273

International Branch : Shop Nos. 47-54, G/F, Chi Lok Fa Yuen, 18 Tsing Hoi Circuit, Tuen Mun, N.T. Tel.: 2404 5266 2404 5267

Shun Lee Branch: Shop 15A, Level 2, Comm. Premises of Shun Lee Disciplined Services Quarters, 32 Lee On Road, Kowloon Tel: 3409 4481 3409 4491

Enrolment Form

Reg. no. TM

STUDENT	Given Name			Surname			Chinese (If any)			Photo		
	Name:											
	Gender: M / F	D.O.B:	Date	Month	Year	Birth Certificate No. / Passport No. / Other (Please specify)						
	Place of Birth:			Nationality:			Religion:					
	Home Address: _____											
	*Class Applied:			Intended Starting Date:			Date	Month	Year			
	<input type="checkbox"/> A.M. <input type="checkbox"/> K1 <input type="checkbox"/> P.M. <input type="checkbox"/> K2 <input type="checkbox"/> Whole day <input type="checkbox"/> K3											
	*Please rank them by order according to your preference from 1 to 3 where "1" is the most preferable choice and "3" is the least preferable choice.											
	LANGUAGES SPOKEN AT HOME: PLEASE STATE FLUENCY.											
	1 st :			2 nd :			3 rd :					
Relatives studying at this kindergarten:			Name:			Class :		Relationship :				
Relatives graduated from this kindergarten:			Name :			Graduating year :		Relationship :				
Learn about our school by:			<input type="checkbox"/> Leaflet			<input type="checkbox"/> Introduced by relatives and friends			<input type="checkbox"/> Our website			
			<input type="checkbox"/> Other website: _____			<input type="checkbox"/> Other: _____						
PARENT			Name		Occupation		Contact no.		Work Place Location:		E-mail address:	
	Father											
	Mother											
	Guardian's/ Caregiver's Name :				Relationship with the student:				Contact no.:			
	Parent/ Guardian's Signature: _____						Date: _____					
REMARKS	Documents Required:											
	i. Completed application form						iii. Four stamped & addressed envelopes					
ii. Original & copy of the child's Birth Certificate and Immunization Record (original will not be collected)						iv. Two passport sized photos						
						v. A non-refundable application fee \$40						
Submitting the Application Form:												
i. Submit in hand												
ii. By post (Only post the copy, please paste enough postage fees. Please include a cheque(\$40) payable to Jing Jing Kindergarten(Tuen Mun Branch)).												
iii. By Email (Please e-mail the enrolment form to enrolment.tm@jingjing.edu.hk)												
FOR OFFICIAL USE ONLY			Date	Month	Year	Person in charge	Submission of documents/ fees		/		/	
	Application						<input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v		Interviewer			
	Reserved						i) <input type="checkbox"/> RC ii) <input type="checkbox"/> \$_____		Student's No.			
	Registration								Enrolment class		(Half day/ Whole day)	
	Admission								Vice Principal/ Lead teacher sign.			
	Remarks								Principal sign.			