



玫瑰蕾小學

ROSEBUD
Primary School

Office Use Only

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RB -01

APPLICATION FOR ENROLMENT

(Confidential)

Please complete the form

STUDENT PERSONAL DETAILS (Please print all details clearly)					
Child's Surname:		Given Name:		Chinese Name:	
Date of Birth:		Sex : M / F		Nationality:	Photo
Home Telephone Number :			Id. No / Passport Number :		
Residential Address :					
Other family members attending Rosebud Primary School:					
FAMILY DETAILS					
Relation:		Surname:		First Name:	
Home Telephone Number:		Mobile Number:		Gender:	
Residential Address:				E-mail :	
Working Address:				Occupation:	
				Position:	
Relation:		Surname:		First Name:	
Home Telephone Number:		Mobile Number:		Gender:	
Residential Address:				E-mail :	
Working Address:				Occupation:	
				Position:	

ENROLMENT DETAILS

Enrolment Date:

Into which year level is the student enrolling:

What was the student's previous school (if any)

MEDICAL DETAILS

Contact Person Name In Case of Emergency:

Telephone Number:

Relationship to Family:

Allergies:

Immunizations:

DEMOGRAPHIC DETAILS

Country of Origin :

Date of Arriving in Hong Kong :

Passport Number :

Visa Expiry Date :

Residence Status :

Permanent / Resident

Religion :

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school I authorize the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable contact me to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

I declare that the information provided by me on this form is true.

Signature of Parent / Guardian _____ Date: _____