



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:		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Whole day		<input type="checkbox"/> K1 <input type="checkbox"/> K2 <input type="checkbox"/> K3		Intended Starting Date:		Date	Month	Year	
	*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 ii. Original & copy of the child's Birth Certificate and Immunization Record (original will not be collected)	iii. Two stamped & addressed envelopes 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.	