



YAN CHAI HOSPITAL CHOI HIN TO PRIMARY SCHOOL
Application for Primary One Remaining Places
for the School Year 2024/25

Name: _____ (Chinese) _____ (English)

Sex: _____ Date of Birth: _____

Address: _____

Residential Tel: _____ Mobile No.: _____

E-mail Address: _____

Name of Kindergarten: _____

Allocated Primary School: _____

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____

Date: _____