



YAN CHAI HOSPITAL CHOI HIN TO PRIMARY SCHOOL

Application for Primary One Remaining Places

for the School Year 2026/2027

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 : _____