



Chan Sui Ki (La Salle) College
陳瑞祺(喇沙)書院

4 Sheung Wo Street,
Homantin, Kowloon.
九龍 何文田
常和街 四號
電話：27118175

Application Form for Secondary One Discretionary Places
中一自行分配學位申請表

Please use BLOCK LETTERS. The name entered must agree with that on the HK identity card.
請用正楷填寫，填寫之名字必須與身份證上之名字相同。

Name of Pupil 學生姓名		Pupil's recent photo 學生近照
HK Identity Card No. 香港身份證號碼		
STRN 學生編號		
Date of Birth 出生日期	Year 年 Month 月 Day 日	Place of Birth 出生地點
Name of Primary School 小學名稱		
Name of Parent or Guardian 家長或監護人姓名		Relation with Pupil 與學生之關係
Home Address 住址		
Contact Phone Number 聯絡電話		
(1) _____ (2) _____		

Please return this form together with EDB SSPA application form (EDB Copy, School Copy & Parent Copy) and photocopies of ① Primary 6 Identification Form, ② Primary 5 and Primary 6 report cards and ③ Extra-curricular activities and Awards, **please bring along the original copy for checking**, to the School Office between 2nd January 2009 to 19th January 2009, 5:00 p.m. There is no need to provide recommendation letters of the primary schools.

請把已填妥之表格連同教育局中學學位分配之申請表(教育局存根、學校存根及家長存根)及(一)小六學生證、(二)小五及小六成績表及(三)課外活動及獎項之影印本，於二零零九年一月二日至二零零九年一月十九日下午五時正或之前交回校務處。**【請帶備正本以供核對】** 無需提交小學推薦信。

Signature of Parent or Guardian
家長或監護人簽名

Date 填寫日期

Office hours for returning application form on or before 19th January 2009 :

Monday – Friday : 8:30 a.m. – 5:00 p.m.
Saturday : 8:30 a.m. – 12:00 noon
請在二零零九年一月十九日或之前於以下辦公時間內遞交申請表：
星期一至星期五 : 上午八時三十分至下午五時正
星期六 : 上午八時三十分至中午十二時正

For Office use only