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|  | **東 華 三 院 邱 金 元 中 學**  **中一至中六學位申請表**  **(2019-20)** |  | **由 校 方 填 寫**  申請年級：1 ／ 2 ／ 3 ／ 4 ／ 5／ 6  申請編號：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 申請人姓名：(英文) | | | | | | |  | | | | | | | | | | | | (中文) | |  | | | | | |  | **近**  **照** | | |
| 出生日期： | | | | 年 月 日 | | | | | | | | | 年齡： | | | | | |  | | 性別： | | |  | | |  |
| 出生地點： | | | |  | | | | | | | | | | 身份証號碼： | | | | | | |  | | | | | |  |
| 住址： |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 住宅電話： | | |  | | | | | | 監護人電話： | | | |  | | | | | | | 申請人電話： | |  | | | | |  |
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| 曾就讀小學／現時就讀學校： | | | | |  | | | | | | | | | | | | | | | | | | 級別： | | |  | | | | |
| 學生記錄卡編號( STRN No )： | | | | | | | | | | |  | | | | | | | | | | | |  | | |  | | | | |
| 下學年 \*升讀／派往學校： | | | | | | | | | |  | | | | | | | | | | | | | 級別： | | |  | | | | |
| (\*請劃去不適用者) | | | | | | | | | | | |  | | | | | | | | | | |  | | |  | | | | |
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| 現時/曾經在本校就讀兄弟姊妹(如有)： | | | | | | | | | | | | 姓名： | | | |  | | | | | | | 離校年份/級別： | | | | | |  | |
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| 擬申請入讀級別： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 擬申請的選修科目(申請中四至中六級填寫)： | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 申請轉校原因： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 家長／監護人姓名： | | | | | | | |  | | | | | | | 聯絡電話： | | | | | |  | | | | 與申請人關係： | | | | |  |
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| 日期： | |  | | | | | | | | |  | | | | | | \*家長／監護人／申請人簽署： | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | (\*請劃去不適用者) | | | | | | | | | | | | | |
| **申請人須附上最近兩個年級的成績表影印本乙份連同申請表一併遞交。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **下 表 由 校 方 填 寫** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 面試安排：  □ 安排面試：(日期) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(時間) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ 不予面試：(原因) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  負責老師姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(簽署)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |