| 此欄由學校填寫 |
|---|
| 申請編號: A2026/S1/_____ |

佛教志蓮中學
CHI LIN BUDDHIST SECONDARY SCHOOL

# 2026/2027 學年　中一自行分配學位申請表
# 2026/2027 Application Form for Secondary 1 Discretionary Places

## 1. 申請學生資料 Personal Particulars of the Student

| | |
|---|---|
| 中文姓名<br>Name in Chinese | 相片<br>Photo |
| 英文姓名<br>Name in English | |
| 香港身份證號碼<br>HKID no. | |
| 教育局學生編號(STRN)<br>Student Reference Number (STRN) | |
| 出生日期　日　月　年<br>Date of Birth　DD　MM　YYYY | 年齡<br>Age |
| 出生地點<br>Place of Birth | 性別<br>Gender |
| 就讀小學<br>Primary School | 就讀年級<br>Grade |
| 中文住址<br>Residential Address in Chinese | 電話<br>Telephone no. |
| 英文住址<br>Residential Address in English | 其他聯絡電話<br>Other contact no. |
| 通訊地址(如與住址不同)<br>Correspondence Address (If different from the address given above) | |

1. 學生曾否接受教育心理學家評估？　☐ 曾 Yes　☐ 未曾 No
   Has the student been evaluated by an educational psychologist?

2. 學生的特殊教育需要類別是：Types of special educational needs of the student:

| | | |
|---|---|---|
| ☐ 特殊學習困難(讀寫困難/讀寫障礙)<br>Specific Learning Difficulties (SpLD) | ☐ 智力障礙<br>Intellectual Developmental Disorder (ID) | ☐ 自閉症<br>Autism Spectrum Disorder (ASD) |
| ☐ 注意力不足/過度活躍症<br>Attention Deficit/ Hyperactivity Disorder (AD/HD) | ☐ 言語障礙<br>Speech and Language Impairment (SLI) | ☐ 肢體傷殘<br>Physical Disability (PD) |
| ☐ 視覺障礙<br>Visual Impairment (VI) | ☐ 聽力障礙<br>Hearing Impairment (HI) | ☐ 精神病<br>Mental Illness (MI) |

☐ 其他 Others (請註明 Please specify): _____

3. 學生曾否接受以下的支援服務？Has the student received any of the following support services?

☐ 臨床心理學服務
Clinical psychology services

☐ 精神科醫療服務
Psychiatric medical services

☐ 言語治療服務
Speech therapy services

☐ 職業治療服務
Occupational therapy services

☐ 其他 Others (請註明 Please specify): _____

4. 學生於小學曾否接受以下有關學習支援的安排？Has the student received the following learning support arrangements in primary school?

☐ 課後輔導/小組訓練 After-school counselling/ small group training (請註明 Please specify)：

_____

☐ 課業調適 Homework accommodation (請註明 Please specify)：

_____

☐ 測考調適 Assessment accommodation (請註明 Please specify)：

_____

**2. 索取資料同意書 (如適用) Consent to Access to Information (If applicable)**

本人_____ (身份證號碼：_____) 同意佛教志蓮中學向有關學校、教育局或醫院管理局等部門索取有關本人子女_____ (身份證號碼：_____) 於該等部門曾接受評估、學習情況及醫療服務的相關資料，以便跟進申請入學的相關事宜。

I, _____ (HKID No.: _____), hereby consent to Chi Lin Buddhist Secondary School requesting from the relevant school, Education Bureau, Hospital Authority, etc., information on the assessment, learning progress, and medical services received by my child, _____ (HKID No.: _____), in order to facilitate the admission application process.

**3. 家長資料 Personal Particulars of Parents**

| | 父親<br>Father | 母親<br>Mother |
|---|---|---|
| 中文姓名<br>Name in Chinese | | |
| 英文姓名<br>Name in English | | |
| 職業/職位<br>Occupation/ Position | | |
| 聯絡電話<br>Contact no. | □ 可接收 WhatsApp 訊息<br>Able to receive WhatsApp messages | □ 可接收 WhatsApp 訊息<br>Able to receive WhatsApp messages |
| 電郵<br>Email | | |

**4. 家屬資料：兄弟姊妹 Information of Family Members: Siblings**

| | | | | |
|---|---|---|---|---|
| 姓名<br>Names | | | | |
| 與申請學生關係<br>Relationship with the student | | | | |

**5. 監護人資料(如適用) Information of Guardian (If applicable)**

| | | | |
|---|---|---|---|
| 中文姓名<br>Name in Chinese | | 英文姓名<br>Name in English | |
| 與申請學生關係<br>Relationship with the student | | | |
| 職業 / 職位<br>Occupation / Position | | | |
| 聯絡電話<br>Contact no. | 日間<br>Daytime | 晚間<br>Nighttime | |
| | 手提<br>Mobile | ☐ 可接收 WhatsApp 訊息<br>Able to receive WhatsApp messages | |
| 住址<br>Residential Address<br>(與學生相同不用填寫)<br>(Not necessary if same) | | | |
| 傳真<br>Fax no. | | 電郵<br>Email | |

**6. 就讀小學諮詢人 Referee from Primary School**

| | | | |
|---|---|---|---|
| 中文姓名<br>Name in Chinese | | 電話<br>Contact no. | |

**7. 錄影聲明 Recording Statement**

為方便校方甄選， 貴子弟面試過程可能會被錄影，片段內容將絕對保密，並將於整個招生程序結束後予以銷毀。
To facilitate our school's selection process, the student's interview process may be recorded. The footage will be kept strictly confidential and will be destroyed after the entire admissions process is completed.

**8. 家長 / 監護人簽署 Parent / Guardian Signature**

| | |
|---|---|
| _____<br>家長 / 監護人簽署<br>Parent / Guardian Signature | _____<br>日期<br>Date |

**9. 請填妥下列回郵地址表格 (必須全部填寫) Please complete the following return address form. (All fields must be filled in.)**

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姓名 Name: _____

地址 Address: _____

_____

_____

姓名 Name: _____

地址 Address: _____

_____

_____