



基督教女青年會丘佐榮中學  
The Y.W.C.A. Hioe Tjo Yoeng College

6 Sheung Wo Street, Homantin, Kowloon, Hong Kong.  
Tel : 27117159 Fax : 27142958 Email: info@htyc.edu.hk Website: http://www.htyc.edu.hk

**S1 Student Personal Record (2023-2024)**  
2023-2024年度中一學生個人紀錄

For office use only 由校方填寫
Date of Admission: 01-09-2023
Registration No.: _____
Class Admitted: _____

**Personal Particulars 個人資料:**

Name of Student : \_\_\_\_\_  
學生姓名 (in English 英文) (in Chinese 中文)

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_  
出生日期 (日dd/月mm/年yyyy) 出生地點

Sex : \_\_\_\_\_ Religion : \_\_\_\_\_  
性別 宗教

Nationality : \_\_\_\_\_ Ethnicity : \_\_\_\_\_  
國籍 種族 (如華人、白人或其他)

Spoken Language at Home: \_\_\_\_\_ HKID Card No.: \_\_\_\_\_ ( )  
家中使用語言 (如中文、英文或其他) 香港身份證號碼

EDB Student Reference No. (STRN): \_\_\_\_\_  
教育局學生編號

Chinese Commercial Code (as shown on HKID): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
中文商用電碼 (請參照香港身份證號碼)

English Home Address : \_\_\_\_\_  
英文

Home Phone No. : \_\_\_\_\_ Student's Mobile No. : \_\_\_\_\_  
住宅電話 學生手提電話

Current School English Name : \_\_\_\_\_  
現就讀學校英文名稱

Information of student's siblings attending our school (if any):  
學生就讀本校之兄弟姊妹資料 (如適用):

Name in English 英文姓名	Name in Chinese 中文姓名	Class 班別	Year 年份

**Parent / Guardian Particulars 家長/監護人資料:**

	Father 父親	Mother 母親	Guardian (If any) 監護人 (如適用)
Name in English 英文姓名			
Name in Chinese 中文姓名			
HKID Card No. 香港身份證號碼			
Relationship to Student 與學生關係			
Occupation 職業			
Contact Phone No. 聯絡電話			
Email 電郵地址			
English Home Address (If your address is the same as the student's, please write "same as above") 英文住址 (如與學生住址相同, 請填「同上」)			
First Emergency Contact Person (Put a ✓ in the appropriate box) 第一緊急聯絡人 (在適當空格內加上「✓」號)			
The school may refund payment(s) to students. The refund will be paid to one of the parents by cheque. Please put a ✓ in the appropriate box to show whom the refund will be payable to. 如本校有款項退還學生, 會以支票形式支付其中一位家長, 請在適當空格內加上「✓」號, 以作退票抬頭。			

- Does the student have any special educational needs?(if yes, please circle the type(s) in the following):  
Intellectual Disability / Autism Spectrum Disorder / Attention Deficit / Hyperactivity Disorder / Mental Illness / Specific Learning Difficulties / Physical Disability / Visual Impairment / Hearing Impairment / Speech and Language Impairment
- 學生是否有特殊學習需要? (如有, 請圈出以下類別):  
自閉症 / 注意力不足/過度活躍症 / 精神病 / 特殊學習困難 / 肢體傷殘 / 視覺障礙 / 聽力障礙 / 言語障礙

Signature of Parent/Guardian: \_\_\_\_\_  
家長/監護人簽署

Name of Parent/Guardian: ( \_\_\_\_\_ )  
家長/監護人姓名

Date: \_\_\_\_\_  
日期