

Summer Learning Together Application Form

(Please put a ✓ in the appropriate)

SWD CSSA No. : _____ Expiry Date : _____

Low income families (case has been approved by our social worker)

Other families in need (please specify: _____)

Name of Child : _____ Membership no. : _____

Age : _____ Sex : F/ M

Ethnic origin : India / Pakistan / Nepal / Others: _____

Language proficiency : (English) Oral Listening Written

(Chinese) Oral Listening Written

Others language proficiency (please specify: _____)

School name : _____ Class (Year 20__-20__) : _____

Name of parent : (Father/ Mother) _____

Tel. no. of parent : (Mobile) _____ (Home) _____

I understand that the personal data provided will be used for the implementation of the activities, and be protected by Personal Data (Privacy) Ordinance.

Address: _____

Special Learning Need : (If appropriate) _____

Signature of parent : _____ Date : _____

Signature of Staff : _____ Received Date : _____

Attached : 1) a copy of the latest school academic report

2) fees