

Lingnan Dr. Chung Wing Kwong Memorial Secondary School Secondary One Discretionary Places Application Form (2025/2026)

Student's English Name:				Student's Chinese Name:									
HKID:				Sex:			Spoken Language at Home:						
Date of Birth:				Nationality:			, Trome.				Recent photo		
Address:													
Mobile No.:	Tel	Telephone:											
Parent's/Guardian's Name:			Occupation:			Rela			elationship:				
Contact Tel.:			Mobile:					Email:					
Contact Address:													
Year of Admission							Current School						
Recent Grade		English	Maths	Con	1	Anto	Τ.		T				
Subject	Chinese (Grade)	English (Grade)	Maths (Grade)			Arts (Grade)	Music (Grade)		Cond	uct	Ranking / Total (If any)		
Second Term of Primary 5											/		
First Term of Primary 6											/		
Siblings who are	e alumni or	r current st	tudents of	the Sc	choo	l (if applic	cable	e):					
			of Admission			Current (if appl	ass Y			ear of Graduation (if applicable)			
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Signature of Pa	rent/Guarc	11an:						Jaie: _					
			For	<u> Offic</u>	e Us	se Only							
Remarks:													
Signature of Int	Da	Date of Interview:											
Signature of Pr	Sig	Signature of Principal:											
Date:	Da	Date:											

Records of Extracurricular Activities, Community Service, and Awards

Please attach photocopies of documents if available and mark with ✓. Candidates without the above mentioned records are not required to complete this form.

Date (mm/yyyy)	Grade	Description	Photocopy
Date (mm/yyyy) E.g. 05/20XX	P.5	Description First runners-up of 100-metre sprint at inter-school sports meet	Photocopy

All information provided is for official use only and will be destroyed if application is not selected.