



長沙灣天主教小學 Cheung Sha Wan Catholic Primary School

補領畢業證明 / 就讀證明 / 其他相關文件申請表 Application for a proof of Graduation / related record

申請指引：

1. 請用正楷填寫。
2. 各項證明信紀錄必須經校長同意方可發出。
3. 各項證明文件只發出一次，請妥善保存。
4. 一般辦理需時約十個工作天。
5. 申請人必須親身前來領取有關證明，並在領取有關證明時必須帶備身份證明文件以供核實身份。
6. 申請人如未能親身前來領取證明，可授權他人代取（代取人取證明時，必須確保攜帶申請人的身份證明文件副本）
7. 授權書和申請表上的簽署式樣必須相同。
8. 本校只提供 **2000 年度起**的修業成績表補發服務，凡 **2000 年度之前**頒發的「畢業證書」或「修業成績表」均只可以信件形式補發證明。

Instructions:

1. Please complete this form in BLOCK letters.
2. All applications are subject to the approval by the principal.
3. Each Document will be issued ONCE only. Please keep it properly.
4. Normal processing time is 10 working days
5. You must collect the each Document in Person and produce originals of the supporting documents, enclosed with your application, for verification.
6. If you are unable to collect the each Document in person, you may authorize someone to do it on your behalf. (The authorized person has to produce your photocopy of your valid proof of identity.)
7. The signature on the authorization must be identical to the signature on the application form.
8. We can only supply a replacement certificate not early than 1.9.2000. Before this time, all applicants may only apply for a certifying statement.

(*請刪去不適用者 Please delete as appropriate)

若申請人未滿 18 歲，有關補領畢業證明 / 就讀證明 / 其他相關之申請將 由其家長提出。
#如申請人已滿 18 歲，便不用填寫家長資料。

擬申領之文件：畢業證明 成績表 其他(註:_____)

申請人(家長)姓名(中文)(如適用): Name (in Chinese) (If appropriate)	申請人(家長)姓名(英文): Name (in English) :
申請人姓名(中文): Name (in Chinese)	申請人姓名(英文): Name (in English) :
香港身份證號碼: Hong Kong Identity Card No.:	性別: 男 / 女 * Sex: Male / Female *
出生日期(年/月/日): Date of Birth (YYYY/MM/DD):	電郵: Email:
家居電話(如適用): Tel. No. (Home) (If appropriate):	手提電話: Mobile:
地址(中文): Address (Chinese):	
地址(英文): Address (English):	
入學年份:(年)_____ Year of admission: (YYYY)_____	離校年份:(年)_____ Year of graduation / withdrawal: (YYYY)_____
最後就讀本校班級: _____ Class Level Last Attended: _____	
申請用途:(請在適當的空格上加✓號) Reason for Requesting Certificate(s): (Please tick in the appropriate box) <input type="checkbox"/> 升學 Further Study <input type="checkbox"/> 為敝子女申請小一自行分配學位 Apply for "Primary One Admission for September" <input type="checkbox"/> 其他 Other(s)_____	
申請人簽署#: Signature of applicant:	申請日期: Date:

收集個人資料聲明: 閣下填寫於表格內之資料, 會供本校辦理有關申請, 並將成為學校校友紀錄, 供有關團體及人士用作學校行政、聯絡及其他相關之用途, 根據個人資料(私隱)條例, 閣下有權要求查閱及更正表格所提供個人資料。若閣下欲查閱及更改表格內之資料, 請電郵至 pt@paktin.edu.hk。
Personal Data Collection Statement: The personal information collected in this application form will be used by the School for processing the application and will become part of our record sharing with appropriate parties and personnel of the School for administration, communication and other related purposes. Under the provision of the Personal Data (Privacy) Ordinance, applicants have rights to request for personal data access or correction. Requests can be made in writing via email pt@paktin.edu.hk

校方填寫 FOR OFFICIAL USE ONLY	
校長審批日期: Date of Approval:	校長簽署: Signature of the principal:
證明信發出日期: Date of issue:	發出人姓名及簽署: Name & Signature of staff: