

## Lingnan Dr. Chung Wing Kwong Memorial Secondary School Secondary One Discretionary Places Application Form (2026/2027)

Student's English Name:				Student's Chinese Name:							
HKID:				Sex:		-	Spoken Language at Home:				
Date of Birth:				Nationality:						Recent photo	
Address:											
Mobile No.:				Telephone:							
Parent's/Guardian's Name:			ccupation:		Relati		Relation	ionship:			
Contact Tel.:		M	Mobile:				Email:	:			
Contact Address:											
Year of Admission		Current School									
Recent Grade	les:										
Subject	Chinese (Grade)	English (Grade)	Maths (Grade)	General Studies (Grade)	Arts (Grade)		Music Grade)	Conduc	ct	Ranking / Total (If any)	
Second Term of Primary 5										/	
First Term of Primary 6										/	
Siblings who are	e alumni o	r current s	tudents of	the Schoo	ol (if appli	icable	e):				
Name			of Admission		Current Cla (if applicabl					ear of Graduation (if applicable)	
Signature of Pa	arent/Guar	 dian:					 Date: _				
			Fo	r Office Us	se Only						
Remarks:				. 022							
Signature of Int	terviewer:			Di	Date of Interview:						
Signature of Pro	Si	Signature of Principal:									
Date:	D:	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
E.g. 05/20XX	P.5	First runners-up of 100-metre sprint at inter-school sports meet	✓
		aluse only and will be destroyed if application is not selected	

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