



麗澤中學 LAI CHACK MIDDLE SCHOOL
學歷證明文件申請表 Application for Testimonial

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. 一般辦理需時約十四個工作天。

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 14 working days.

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

學生姓名(中文)： Name (in Chinese)	學生姓名(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： Tel. No. (Home):	手提電話： Mobile:
地址(中文)： Address (Chinese):	
地址(英文)： Address (English):	
入學日期：(年)_____(月)_____ Date of admission: (YYYY)_____(MM)_____	離校日期：(年)_____(月)_____ Date of graduation / withdrawal: (YYYY)_____(MM)_____
最後就讀班級：(小學 / 中學*) _____ Class Level Last Attended: _____ in Primary / Secondary*	
曾就讀之班別 (Class studied) : 小學 Primary : P1 ___ P2 ___ P3 ___ P4 ___ P5 ___ P6 ___ 中學 Secondary : S1 ___ S2 ___ S3 ___ S4 ___ S5 ___ S6 ___ S7 ___	
父親姓名： Father's name:	母親姓名： Mother's name:
欲申請：*學歷證明信 / 離校證明信 / 歷年成績紀錄表 / 學生學習概覽 Applying for * Certifying Letter / Withdrawal Certificate / Transcript / Student Learning Profile(SLP)	
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"/> 求職 Job Application <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 info@lcms.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 info@lcms.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: