家庭與學校合作事宜委員會
Committee on Home-School Co-operation

"Treasured Moment"
Colouring Competition
Application Form

(A) Information of participant*

Name of Student：		Class:
Name of School：		
Telephone No.：		
Category：	Please put a "✓" in the appropriate box ☐ Kindergarten ☐ Junior Primary (P.1 – P.3)	

＊Any personal information obtained is only for the purpose of participation in this competition.

For internal use only

Date of receipt：_____ Remark：_____