



Tsung Tsin Primary School and Kindergarten
崇真小學暨幼稚園

58 Tai Po Road, Kowloon. 九龍大埔道五十八號 Tel 電話: 2777-3679 Fax 傳真: 2777-7256
Homepage 網址: <http://www.tpskg.edu.hk>
English Primary School Section / Anglo-Chinese Speaking Stream Kindergarten Section
英文小學部 及 中英文幼稚園部
Initial Contact 轉遞各部門 : tpskg@tpskg.edu.hk
Enquiry 一般查詢 : enquiry@tpskg.edu.hk
International Junior School Section / English Putonghua Speaking Stream Kindergarten Section
國際小學部 及 英語普通話幼稚園部 : international@tpskg.edu.hk
Gifted Education Programme 啟發潛能資優教育計劃 : gifted@tpskg.edu.hk

Transcript Request 學生就讀證明/成績報告申請表

Please complete this form and submit with a cheque of HK\$200 payable to “Tsung Tsin Primary School and Kindergarten” to the following address

請填妥表格並連同港幣 200 元的支票，抬頭請寫 “**崇真小學暨幼稚園**” 收

崇真小學暨幼稚園

校務處

九龍大埔道五十八號

姓名: _____
 姓氏 名字

出生日期: ____/____/____ 香港身份證號碼: _____
 日 月 年

入學日期: ____ 至 ____ 畢業日期: ____
 年 年 年

地址: _____

聯絡電話: _____ 電郵: _____

*以上資料是嚴格保密，僅用於內部搜索。

Please put a ✓ in the box to indicate

I would like the transcript

☐ to be sent by post (please provide a self address envelope with a stamp)

☐ to be collected in person and pay by ☐ cash or ☐ cheque

Name of Bank: _____ Cheque No.: _____

***Remarks (only parents may apply for transcript requests on behalf of their children under 18 years old)

Name of Applicant: _____ Relationship: _____

Signature of Applicant

Date

For Office use only:

Date Received: _____

Date Cleared: _____



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Tsung Tsin Primary School And Kindergarten

School Office
58 Tai Po Road,
Kowloon,
Hong Kong

Name in English: _____
Last name First Name

Name in Chinese: _____

Date of Birth: ____/____/____
Day Month Year

HKID No: _____

Date of Attendance from TTSPKG: ____ to ____ Date of Graduation from TTSPKG: ____
Year Year Year

Address: _____

Contact Number: _____ Email: _____

*Above information is strictly confidential and for internal search only.

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