



Causeway Bay Victoria Kindergarten and International Nursery
Causeway Bay Victoria International Kindergarten
32-36 Hing Fat Street, Causeway Bay, Hong Kong
Phone: 25789998 Fax: 28879680



Child Profile Form

(For applicants applying from regions outside H.K. and who will not be able to attend our interview)

To Parents: Please give this form to the Principal / Teacher of the school your child is currently attending to complete and have them return it to our Admissions Office by email (admissions@cbvictoria.edu.hk), mail or fax.

Section A: Child's Personal Information

Name of child: _____ Male Female

Date of Birth: _____ (DD-MM-YY) Nationality: _____

Class attending/attended: _____

To Principal / Teacher: The above student has applied to enter Causeway Bay Victoria International Kindergarten / Nursery in Hong Kong. This reference is an important part of the application process. Please help us to better know the child by candidly filling in the following form. Please be assured that all information given will be kept confidential.

Section B: Child Profile

How long has the child been in your school? _____

How is the child's personality best described?

Active Quiet Confident Timid Others (Please specify): _____

How is the child's social development?

Outgoing Shy Interacts well with other children Needs time to warm-up

Others (Please specify): _____

How independent is the child?

- Able to work on most tasks independently
- Confident, likes to attempt new tasks
- Requires frequent assistance on most tasks
- Reluctant to try new or difficult tasks
- Very uncertain, needs much encouragement

Section C: Communication skills (Age appropriate)**Listening**

	Distinguished	Good Progress	Needs help
Sensitive to sound differentiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to instructions and acts accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to stories attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verbal

	Distinguished	Good Progress	Needs help
Clarity in speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys speaking with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses himself / herself adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to engage in conversations and express ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language skills in reporting, making request, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Literacy development

	Distinguished	Good Progress	Needs help
Shows interest in reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to read with teacher / parental guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribbles showing control of fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes alphabets and forms simple words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays pen-holding skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows creative writing skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Early Mathematics (Age appropriate)

	Distinguished	Good Progress	Needs help
Awareness of early maths concepts, e.g. sorting, comparison and sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies colours, shapes and spatial awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counts with 1:1 correspondence (up to 3, 5, 10 or above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compares and orders quantities (up to 5, 10 or above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple calculation (within 10 or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Physical Well Being

Does the child demonstrate any areas of special needs or have any health concerns that requires special attention?

I verify that to the best of my knowledge the above information is true and accurate.

Signature: _____ Date: _____

Name : _____

Position : _____

Name of School: _____

School address: _____

Email address: _____

Thank you for your help.

**Please return the completed form to:
Admissions Office
Causeway Bay Victoria International Nursery / Kindergarten
32-36 Hing Fat Street
Causeway Bay, Hong Kong**



銅鑼灣維多利亞幼稚園暨國際幼兒園

銅鑼灣維多利亞國際幼稚園

香港銅鑼灣興發街 32-36 號

電話: 25789998 傳真: 28879680



學生資料表

(只適用於在香港以外地區未能出席接見日的申請者)

致家長：如適用者，請貴子弟現時就讀的學校校長/老師填寫此表格。並請他們直接電郵至 admissions@cbvictoria.edu.hk 或郵寄或傳真交回本校。

第一部份：幼兒個人資料

幼兒姓名： _____ 男 女

幼兒的出生日期： _____ 國籍： _____

幼兒就讀級別： _____

致校長/教師：上述學生已申請在香港入讀本校。這個參考資料是申請入學的重要部分。請協助我們真實地填寫以下表格，以便我們更好地了解孩子。請放心，所有信息將被保密。

第二部份：社交 / 情緒

幼兒在 貴校就讀多久？ _____

幼兒的個性是：

活躍 文靜 自信 怯弱 其他(請註明): _____

幼兒與其他人相處時表現：

外向 害羞 容易與其他孩子熟絡 相處一段時間後才熟絡

其他(請註明): _____

幼兒做事的獨立程度：

能獨立處理大部份事情 做事經常需要成人協助

有自信，喜歡嘗試新事物 不喜歡嘗試新事物或挑戰困難

未能確定，需要大量鼓勵

第三部份：溝通能力 (符合年齡發展)

聆聽

發展良好 發展中 仍需努力

能分辨不同的聲音	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
明白及依從指示	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
專心聆聽故事	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

口語表達

發展良好 發展中 仍需努力

語言清晰度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
喜愛與別人說話	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
適當地表達自己	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
能參與討論及表達己見	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
能運用語言作報告、要求、解釋.....等	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

讀寫能力

發展良好 發展中 仍需努力

對閱讀有興趣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
對書寫有興趣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
在教師 / 家長指導下閱讀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
獨立閱讀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
藉繪畫線條展示能操控小肌肉發展	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
書寫簡單的字	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
掌握執筆技巧	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
創意書寫	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第四部份：早期數學能力 (適當年齡)

發展良好 發展中 仍需努力

認識基本的數學概念，如分類、比較和排列.....等	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
分辨顏色、形狀和空間概念	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
以一一對應的方式進行實物數數(3, 5, 10 以內或 10 以上)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
認識及比較數量(5, 10 以內或 10 以上)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
簡單運算(10 以內或 10 以上)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第五部份：健康狀況

幼兒的健康狀況有什麼需要特別注意的地方？是否需要特殊幫助？

我證實，據我所知，上述資料是真實準確的。

簽署：_____ 填表日期：_____

填表者姓名：_____

職位：_____

學校名稱：_____

學校地址：_____

電郵：_____

謝謝您的協助！

填妥表格後請交回：

香港銅鑼灣興發街 32-36 號

銅鑼灣維多利亞國際幼兒園暨幼稚園

入學申請部