



漁農自然護理署  
Agriculture, Fisheries and  
Conservation Department

## Country Parks Secondary School Visit

### Application Form

For Official Use Only  
Receive Date: \_\_\_\_\_  
Ref.: \_\_\_\_\_

Please fax the completed application form to 2401 3904  
or email to nature@afcd.gov.hk

Please read "Personal Data Collection Statement" before filling this form.

#### Personal Data Collection Statement

The personal information is provided by the applicant voluntarily for relevant activities organized by Agriculture, Fisheries and Conservation Department. The information will be provided to relevant staff for application processing, contact and other relevant purposes. Provided that there are no specific administrative reasons, only the name of the organizations/schools and the participants will be kept for record purpose. Except with the consent of participants, all the personal information collected will be destroyed within 6 months after the activities. For enquiries or amendment to the information provided, please send us a written request (Please quote the activity name or the reference number in the request).

#### School Details

Name of School	(Chinese)		
	(English)		
Phone number		Fax number	
Name of teacher-in-charge		Email	

#### Options (6<sup>th</sup> October 2025 - 31<sup>st</sup> July 2026, every Monday to Friday (except Public Holidays))

Option 1 : _____ (dd/mm/yy) Time : _____ a.m. / p.m.	Option 2 : _____ (dd/mm/yy) Time : _____ a.m. / p.m.
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Activity time : 1-1.5 hours (9 a.m. to 5 p.m. during class or assembly)

#### Education Level of Participants (Please ✓ in the appropriate ☐)

<input type="checkbox"/> F.1	<input type="checkbox"/> F.2	<input type="checkbox"/> F.3	<input type="checkbox"/> F.4	<input type="checkbox"/> F.5	<input type="checkbox"/> F.6
Number of participants : _____ (100 persons up)					

☐ I agree to the proposed use of my personal data (including telephone number and email address) for the communication of other relevant school activities held by AFCD (optoinal)

Signature : \_\_\_\_\_ Chop : \_\_\_\_\_

Name of Coordinator (Block Letter) : \_\_\_\_\_ Date : \_\_\_\_\_

#### To be completed by the Organizer

<Reply>

Thanks a lot for applying the Country Parks Secondary School Visit and the result is as follow:

<input type="checkbox"/>	The 1 <sup>st</sup> / 2 <sup>nd</sup> option is accepted.
<input type="checkbox"/>	Quota is full and the application is rejected.

Department Chop