天主教聖伯多祿幼稚園

學校專用：

表格編號：

收據編號：

2024-2025年度新生入學申請表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓名：（中文） （英文） | | | | 相  片 |
| 出生日期： 年 月 日 | | 性別： | |
| 出生證明書號碼： | | 出生地點： | |
| 電話： | | 宗教： | |
| 住址： | | | | |
| 家長或監護人姓名 | 與申請人之關係 | | 聯絡電話 | |
|  |  | |  | |
|  |  | |  | |
| 投考班級 幼兒班 □ 上午班 □ 全日班 □  低班插班生 □ 上午班 □ 全日班 □  高班插班生 □ 上午班 □  ***※請在選取項目之* □ *內加上 🗸， 本園保留安排分配學位之最後權利。*** | | | | |
| 在本園就讀或畢業之兄姊 | | | | |
| 姓 名 | 與申請人之關係 | | 就讀班別 / 畢業年份 | |
|  |  | |  | |
|  |  | |  | |
| 家長或監護人簽署：  日 期：  註：以上資料乃方便本園內部參考之用，一切資料絕對保密。 | | | | |

St. Peter’s Catholic Kindergarten

For school only:

Application No.:\_\_\_\_\_\_\_\_\_\_

Reference No.: \_\_\_\_\_\_\_\_\_\_\_

Application Form for 2024-2025 School Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name in Chinese:  Family name : Given name: | | | | Photo |
| Date of Birth: (dd/mm/yy) | | Sex: | |
| Birth Certificate No.: | | Place of Birth: | |
| Telephone No.: | | Religion: | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Name of Parent/Guardian | Relationship with applicant | | Contact Number | |
|  |  | |  | |
|  |  | |  | |
| Applying for Class: K1 am class Whole Day Class  K2 am class Whole Day Class  K3 am class  \*Please tick the appropriate boxes. Kindergarten has the right to change the applied class. | | | | |
| Particulars of Siblings attending / having attended this Kindergarten. (if applicable) | | | | |
| Name | Relationship | | Latest class / School Year | |
|  |  | |  | |
|  |  | |  | |
| Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Note：The above information is for internal reference and all information is confidential. | | | | |