St. Peter’s Catholic Kindergarten

For school only:

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

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

Application Form for 2025-2026School 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 Whole Day 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.  |