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. | | | | |