Interview Date: _____

Applications Dates: Monday ~ Friday 9:30a.m. to 11:30a.m 1:30p.m. to 4:00p.m. Saturday 9:00a.m. to 12:00p.m.



天主教甘霖幼稚園 Kam Lam Catholic Kindergarten 2024-2025 Application Form

S T U D E N T	Name		(Given Name)			(Surname)					
	Gender				Nationality						
	Date of Birth					Place of I	Birth				
	Home Address										
										Photo	
	Phone No.		(Home)			Birth Certificate No.					
			(Mobile – WhatsApp No.)			Religion					
	If the appli	cant	is a Ca	tholic,	please fill in the	following	details :				
	Parish					Baptismal cert	ificate No.				
P A R E N T S	Father's Name						·				
	Phone No.					Religion					
	Mother's Name						ı				
	Phone No.					Religion					
	Guardian's Name										
	Phone No.					Religion					
		*Ple	ase "✓ " the box you choose.								
		K1	1 🗌 K2 🗎 K3 🗍								
Class	Applied	*Ple	ase use	se use '1' and '2'' to indicate your preference in order of priority.							
Α.			M 🗌 W.D. 🗌								
☐ 1. Completed appl											
Documents Required			□ 2. Original & copy of the child's Birth Certificate□ 3. Original & copy of the child's Immunization Record								
			☐ 4. Self-addressed: 1 A4 size enelope \$8.1 stamped and 1 enelopes \$2.2 stamped								
□ 5. Two passport size											
						' - '	ess last three months address				
☐ 7. Application						ocessing fee of \$40					
Signature Parent/Guardian:											
Date of Application :											
									FOR OFF	ICIAL USE ONLY	
										-	
									Received	Date:	