



# TAI PO CATHOLIC KINDERGARTEN

## Application Form for Admission

No : \_\_\_\_\_

NAME OF CHILD				PHOTO
DATE OF BIRTH		PLACE OF BIRTH		
BIRTH CERT NO		SEX	<input type="checkbox"/> M / <input type="checkbox"/> F	
NATIONALITY				
HOME ADDRESS				
TELEPHONE NO.				
RELIGION				
CHURCH		BAPTISMAL CERT. NO		

NAME OF FATHER			
TELEPHONE NO.		OCCUPATION	
NAME OF MOTHER			
TELEPHONE NO.		OCCUPATION	
NAME OF GUARDIAN			
TELEPHONE NO.		OCCUPATION	RELATIONSHIP

CLASS APPLIED FOR	(PUT ✓ FOR SUITABLE ITEMS)		
	<input type="checkbox"/> A.M.SESSION	<input type="checkbox"/> WHOLE DAY SESSION	
FOR	(PUT ✓ FOR SUITABLE ITEMS)		
	<input type="checkbox"/> NURSERY(3-4)	<input type="checkbox"/> LOWER(4-5)	<input type="checkbox"/> UPPER(5-6)

INFORMATION OF BROTHERS AND SISTERS WHO STUDIED IN OUR SHCOOL			
NAME		CLASS / YEAR OF GRADUATE	

Please return the completed form with :

<input type="checkbox"/> Birth Cert. (Original & Copy)	<input type="checkbox"/> Baptismal Cert.(Copy)
<input type="checkbox"/> Immunization Record (Original & Copy)	<input type="checkbox"/> 2 Recent Photos
<input type="checkbox"/> 2 Stamped Return Envelopes(4"x9")	

Date : \_\_\_\_\_

Parent's Signature : \_\_\_\_\_

ADDRESS : G/F., KA WO HOUSE, PO NGA COURT, TAI PO. TEL:2651 1651 FAX: 2650 5775

E-Mail: [admin@taipokg.edu.hk](mailto:admin@taipokg.edu.hk) Web: <http://www.taipokg.edu.hk>