



TAI PO CATHOLIC KINDERGARTEN

天主教大埔幼稚園

新界大埔寶雅苑家和閣地下
G/F, Ka Wo House, Po Nga Court, Tai Po, N.T.

Tel : 2651 1651 Fax : 2650 5775
Website : <http://www.taipokg.edu.hk>
E-Mail : admin@taipokg.edu.hk

Application Form for Admission in the _____ School Year

No : _____
(For Office School Use)

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	(RANK IN ORDER OF PREFERENCE(1,2)) <input type="checkbox"/> A.M.SESSION <input type="checkbox"/> WHOLE DAY SESSION		
	(PUT ✓ FOR SUITABLE ITEMS) <input type="checkbox"/> K1 (3-4 years old) <input type="checkbox"/> K2 (4-5 years old) <input type="checkbox"/> K3 (5-6 years old)		

INFORMATION OF BROTHERS OR SISTERS / PARENT'S PREVIOUS ATTENDANCE AT SCHOOL				
NAME		CLASS / YEAR OF GRADUATE		RELATIONSHIP
PREVIOUS SCHOOL(S) ATTENDED (FOR K2 AND K3 ONLY)			CLASS	
CHILD'S PRIMARY LANGUAGE			REFEREE/REMARKS	

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"/> Information of brothers and sisters or parent's graduation
<input type="checkbox"/> 2 Stamped Return Envelopes(4"x9")	<input type="checkbox"/> 2 Recent Photos(1.5"x2")

I hereby certify that the above information is provided voluntarily by me and is true and accurate to the best of my knowledge. I authorise Tai Po Catholic Kindergarten to verify the information provided above as necessary. I understand that the aforementioned information will constitute "personal data" as defined by the Personal Data (Privacy) Ordinance, Cap. 486, and will be used solely for the purpose of this school application.

Date : _____

Parent's Signature : _____

Date received: _____

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