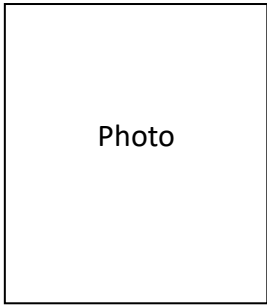


No.: \_\_\_\_\_



# Homantin Baptist Church Kindergarten

## Application Form

(School Year 20    - 20    )

Name in Chinese : \_\_\_\_\_ Name in English : \_\_\_\_\_ Sex : \_\_\_\_\_

Age : \_\_\_\_\_ D.O.B. : \_\_\_\_\_ Birth Certificate No. : \_\_\_\_\_

Nationality : \_\_\_\_\_ Place of Birth : \_\_\_\_\_ ID. Card No. : \_\_\_\_\_

Class : \_\_\_\_\_  
 (Priority 1-3)

Morning class   
 Afternoon class   
 Whole day class

Class : K1     K2     K3

Address : \_\_\_\_\_ Home Tel.no. : \_\_\_\_\_

Father's Name : \_\_\_\_\_ Occupation : \_\_\_\_\_ Contact no. : \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Occupation : \_\_\_\_\_ Contact no : \_\_\_\_\_

Particulars of siblings attending/graduated in this Kindergarten (if available):

Name	Relationship	Class	Duration

If emergency, school can contact :

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_ Contact no. : \_\_\_\_\_

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

For Staff only :		1 <sup>st</sup> Check	2 <sup>nd</sup> Check	Final Check
Date : _____ (_____)			<input type="checkbox"/> Registration Certificate for Kindergarten Admission <input type="checkbox"/> Photocopy of the birth certificate <input type="checkbox"/> Photocopy of the immunization card <input type="checkbox"/> Two recently passport photos <input type="checkbox"/> Photocopies of parent's ID card <input type="checkbox"/> Four pieces of addressed written envelope (with stamps)	
Time: _____				
Admission fee	Registration fee			
No.	No.			