



**天主教甘霖幼稚園**  
**Kam Lam Catholic Kindergarten**  
**2021-2022 Application Form**

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

|   |                      |                 |                                  |  |              |
|---|----------------------|-----------------|----------------------------------|--|--------------|
| <b>S<br/>T<br/>U<br/>D<br/>E<br/>N<br/>T</b>                                  | <b>Name</b>          | (Given Name)    | (Surname)                        |  | <b>Photo</b> |
|   | <b>Gender</b>        |                 | <b>Nationality</b>               |  |              |
|   | <b>Date of Birth</b> |                 | <b>Place of Birth</b>            |  |              |
|   | <b>Home Address</b>  |                 |                                  |  |              |
|   |                      |                 |                                  |  |              |
|   |                      |                 |                                  |  |              |
|   | <b>Phone No.</b>     | (Home)          | <b>Birth Certificate No.</b>     |  |              |
|   | (Mobile)             | <b>Religion</b> |                                  |  |              |
| <b>If the applicant is a Catholic, please fill in the following details :</b> |                      |                 |                                  |  |              |
|   | <b>Parish</b>        |                 | <b>Baptismal certificate No.</b> |  |              |

|  |                        |  |                 |  |  |
|--|------------------------|--|-----------------|--|--|
| <b>P<br/>A<br/>R<br/>E<br/>N<br/>T<br/>S</b> | <b>Father's Name</b>   |  |                 |  |  |
|  | <b>Phone No.</b>       |  | <b>Religion</b> |  |  |
|  | <b>Mother's Name</b>   |  |                 |  |  |
|  | <b>Phone No.</b>       |  | <b>Religion</b> |  |  |
|  | <b>Guardian's Name</b> |  |                 |  |  |
|  | <b>Phone No.</b>       |  | <b>Religion</b> |  |  |

|                      |  |                               |                               |
|----------------------|--|-------------------------------|-------------------------------|
| <b>Class Applied</b> | *Please "✓" the box you choose.  |                               |                               |
|                      | K1 <input type="checkbox"/>  | K2 <input type="checkbox"/>   | K3 <input type="checkbox"/>   |
| <b>Class Applied</b> | *Please use '1', '2' and '3' to indicate your preference in order of priority. |                               |                               |
|                      | A.M <input type="checkbox"/>   | P.M. <input type="checkbox"/> | W.D. <input type="checkbox"/> |

|                           |  |
|---------------------------|--|
| <b>Documents Required</b> | <input type="checkbox"/> 1. Completed application form<br><input type="checkbox"/> 2. Original & copy of the child's Birth Certificate<br><input type="checkbox"/> 3. Original & copy of the child's Immunization Record<br><input type="checkbox"/> 4. 3 self-addressed \$2 stamped envelopes & 1 self-addressed \$7.3 stamped A4 size envelopes<br><input type="checkbox"/> 5. Two passport sized photos<br><input type="checkbox"/> 6. Application processing fee of \$40 |
|---------------------------|--|

Signature Parent/Guardian : \_\_\_\_\_

Date of Application : \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

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

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