

**St. Peter's Catholic Kindergarten**  
**Application Form for 2025-2026 School Year**

For school only:  
 Application No.: \_\_\_\_\_  
 Reference No.: \_\_\_\_\_

First Name in Chinese:		Photo
Family name :	Given name:	
Date of Birth: (dd/mm/yy)	Sex:	
Birth Certificate No.:	Place of Birth:	
Telephone No.:	Religion:	

Address: \_\_\_\_\_  
 \_\_\_\_\_

Name of Parent/Guardian	Relationship with applicant	Contact Number

Applying for Class:    K1       am class       Whole Day Class   
                                  K2       am class       Whole Day Class   
                                  K3       am class       Whole Day Class

\*Please tick the appropriate boxes. Kindergarten has the right to change the applied class.

Particulars of Siblings attending / having attended this Kindergarten. (if applicable)

Name	Relationship	Latest class / School Year

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

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

Please Note : The above information is for internal reference and all information is confidential.