



# St. James Lutheran Kindergarten

## Admission Application Form

Student's Name	(Surname)	(Given Name)	(Nickname)	Sex		Passport Photo
Date of Birth	(Year)	(Month)	(Day)	Age		
Place of Birth		Birth Certificate No.				
H.K. Address						
Telephone No.	<u>                    </u> <b>(Dad)</b> <u>                    </u> <b>(Mum)</b> <u>                    </u> <b>(Home)</b>					

Family Details	Father's Name		Occupation		Religion	
	Mother's Name		Occupation		Religion	
	No. of Family Members		Student's Nationality		Language Used at home	
Guardian's Name		Relationship		Telephone No.		

If you have relatives graduated from/studied in our school:

Relative's Name		Relationship		Graduating Year/Study period	
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Please select session applied	<input type="checkbox"/> A.M (9:00am~12:00pm)	<input type="checkbox"/> P.M (1:15pm~4:15pm)	<input type="checkbox"/> Whole Day (8:45am~4:15pm)
	K1 / K2 / K3		

Please  $\sqrt{\quad}$  in appropriate box(es):

1. Reasons for choosing our school:     Close to home     Near work     Good reputation  
 School fees reasonable     Relative recommendation     Good teachers  
 Others \_\_\_\_\_ (Please specify)
2. Daily caretaker:     Parents     Grandparents     Domestic helpers  
 Others \_\_\_\_\_ (Please specify)
3. How did you know about our school?     Banners     School Information leaflets  
 Enquiry at school     Friends     School website     Others: \_\_\_\_\_ (Please specify)

Name of parent/guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be filled in by school only :

Date received: _____	Application no: _____	Admission no: _____
<input type="checkbox"/> Interview fee	<input type="checkbox"/> Registration fee	<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Photo	<input type="checkbox"/> 6 Returned Envelopes	<input type="checkbox"/> Copy of Vaccination Record