

WAI PENG KINDERGARTEN

20____/____School-year____Term

App No.:_____Reg No.:_____

Class No.:_____Std No.:_____

Non-Profit Making

(Application Form)

Name(Chinese):_____ (English) surname first: _____

Date of Birth:_____ Place of Birth:_____

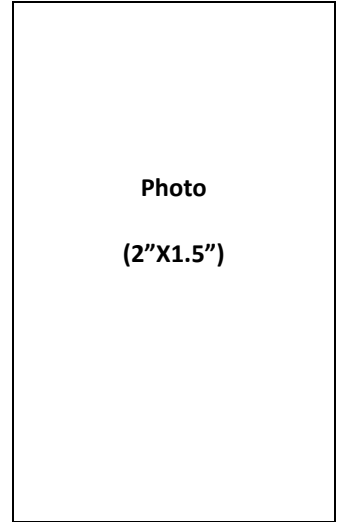
H.K. Birth Certificate/Re-entry Permit No.:_____ Nationality:_____

Gender:_____ Religion:_____

Residential Address:_____

Residential Telephone No.:_____ Fax: :_____

Email:_____



Name of Father:_____ Name of Mother:_____

Nationality:_____ Nationality:_____

Religion:_____ Religion:_____

Occupation:_____ Occupation:_____

Contact No.:_____ Contact No.:_____

Contact Person:_____ Relationship:_____ Contact No.:_____

Brother/Sister of Applicant:

Name:_____ Relationship:_____

Class Applied for: A.M. Session K1 (3-4 years-old)

P.M. Session K2 (4-5 years-old)

Whole-day Session K3 (5-6 years-old)

Signature of Parent/Guardian:_____ Date:_____

Signature of Principle:_____ Application Date:_____

Registration Date:_____