

WAI PENG KINDERGARTEN

20____/____School-year____Term

App No.:_____Reg No.:_____

Class No.:_____Std No.:_____

(Application Form)

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

Date of Birth:_____ Place of Birth:_____

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

Gender:_____ Religion:_____

Mother Language:_____ Home Language:_____

Residential Address:_____

Residential Telephone No.:_____ Email : _____

Name of Past KG & District : _____ / _____ (Please submit past studying record & homework)

Photo
(2"X1.5")

Name of Father:_____ Name of Mother:_____

Nationality:_____ Nationality:_____

Academic Background:_____ Academic Background:_____

Occupation:_____ Occupation:_____

Contact No.:_____ Whatsapp: Y / N Contact No.:_____ Whatsapp: Y / N

Religion:_____ Alumni: Y / N Religion:_____ Alumni: Y / N

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

Brother/Sister of Applicant who studied/ is studying at our school:

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:_____

Add : G/F, EAST PORTION, 8C, CHI YAN LANE, PENG CHAU Tel : 2983-0643 Fax : 2983-2219

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