



聖公會靈風堂幼稚園
S. K. H. Holy Spirit Church Kindergarten

Admission Form

For Office Use

No. 2 0

Chinese Name				Please Affix One Recent Photograph here
English Name				
Birth Certificate No.		HKSAR Re-entry Permit No.		
Birthday	/	/	(Year/Month/Day)	
Age		Gender		
Place of Birth				
Province/ Autonomous region				
Address				
Telephone No.		Mobile No.		
Correspondence Address				
Name of Father		Occupation		Telephone No.
Name of Mother		Occupation		Telephone No.
Name of Legal Guardian		Relationship with Applicant		
Occupation		Contact Telephone No.		

Please Circle the Class Applying For	K1/K2/K3	AM / PM / Whole-Day Class
	2020-2021	School Year 1st / 2nd Term
Name of Brother/Sister Who Attends This School		Class
Name of Previous School		
Reason(s) for Transfer		

Date : _____

Signature of Parents/Guardians : _____

For Office Use

Application Fee \$40	Signature of Payee :	Date :
Birth Certificate	Official Copy : Completed / Pending Review	Copy : Completed / Pending Review
5 Stamped Addressed Envelopes	Already Submitted <input type="checkbox"/>	Pending Submission <input type="checkbox"/>

Date of Collection : _____

Signature of Receiver : _____

Remark(s) : _____