



**SHUN TAK FRATERNAL ASSOCIATION
LEUNG KIT WAH KINDERGARTEN
2019 – 2020 Application Form**

Form No.:

Name	(Chinese Name)	(Family Name)	(Given Name)	Photo			
Date of Birth	Birth Certificate No.						
Nationality	Sex M / F						
Religion	First Language						
Residential Address			Phone No.				
Parent		Father	Mother	Guardian			
	Name			Relationship With child ()			
	Profession/ Occupation						
	Office Name & Address						
	Mobile						
Applicants lives with : _____		FOR SCHOOL USE ONLY					
Total : _____		Meeting Records					
Does the applicant have any siblings who have studied at our school Name: _____ Latest class & Year: _____ Previous Kindergarten: _____ (Please ✓ which applicable box) Class Applied K1 <input type="checkbox"/> AM session <input type="checkbox"/> K2 <input type="checkbox"/> PM session <input type="checkbox"/> K3 <input type="checkbox"/> AM / PM both can <input type="checkbox"/>		Child	Learning	Satisfactory	Good	Remarks	
			1. Language				
			2. Motor Coordination				
			3. Emotion				
			4. Behaviour				
Entry Day _____ Parent signature _____		Parent	Average	Satisfactory	Good		
		1. Knowledge about our School					
		2. Parenting Ideals					
		3. Attitude					
Date of Collection	Date of Interview	Checked By					

*According to personal Data (Privacy) Ordinance, I understand that the above provided information is for school application purposes. And I have the right to modify the information and to make any enquiries.