## Assembly of God Union Church Kindergarten Application Form

|                            |  |        |           | -             | IPP.    | 110001011   | 1 O1 III      |                             |                  |  |  |
|----------------------------|--|--------|-----------|---------------|---------|---|---------------|-----------------------------|------------------|--|--|
| Applicant's<br>Information | Name (Engl   | lish)  | :         |               |         | Name (Chinese)  | :             | Gender:<br>Male / Female    |                  |  |  |
|                            | Nationality: Place   |        | Place of  | ace of birth: |         | Birth certific  | ate No.:      | Date of birth:              |                  |  |  |
|                            | Religion: Name of  |        |           | church:       |         | l   |               | Language(s) spoken at home: | Photograph       |  |  |
|                            | Residential address :  |        |           |               |         |   |               | openen at nome.             |                  |  |  |
|                            |  |        |           |               |         |   |               |                             |                  |  |  |
|                            | Class app  | lied   | for: K1   | / K2 /        | K3      |   |               | Session applied             | for: A.M. / P.M. |  |  |
|                            | In the event that I have not been allocated to my AM or PM session preference, I accept/ do NOT accept alternative arrangement by the School.        |        |           |               |         |   |               |                             |                  |  |  |
|                            | Current or previous kindergarten/ pre-kindergarten attended (if any):  |        |           |               |         |   |               |                             |                  |  |  |
|                            | School bus service required: Yes / No  |        |           |               |         | Boarding point:   |               | Pick up point:              |                  |  |  |
|                            | * The route of the school bus is tentative and subject to change or cancellation.  School bus company reserves the right to make the final decision. |        |           |               |         |   |               |                             |                  |  |  |
|                            | School bus company   |        |           | Teser         | 7C3 til | Graduated from this   |               | Present school              |                  |  |  |
| Siblings'<br>Information   | Name   |        |           | Age           | Sex     | kindergarten (Please submit a copy of the graduation certificate) |               |                             |                  |  |  |
|                            |  |        |           |               |         | Yes/ No   |               |                             |                  |  |  |
|                            |  |        |           |               |         | Yes/ No   |               |                             |                  |  |  |
|                            |  |        |           |               |         | Yes/ No   |               |                             |                  |  |  |
| Parent's<br>Information    | Father Company addres  |        |           |               |         | eation: E-mail addr<br>Name of com                                |               | ress:                       | Mobile:          |  |  |
|                            |  |        |           |               |         |   |               | mpany:                      |                  |  |  |
|                            | Name:  |        |           | 0ccur         |         | pation: E-mail add  |               | ress:                       | Mobile:          |  |  |
|                            | Mother Con   | addres | s:        |               |         | Name of com   | pany:         |                             |                  |  |  |
|                            | Guardian / Other contact person:   |        |           |               |         |   | Relationshi   | p to applicant:             | Mobile:          |  |  |
| For School<br>Use Only     | Application Date:  |        |           |               |         |   |               |                             | I                |  |  |
|                            | Interview Date   |        | Date:     | te:           |         |   |               |                             |                  |  |  |
|                            | Submission   |        | Date:     |               |         |   |               |                             |                  |  |  |
|                            | Registration   |        | Date:     |               |         |   |               |                             |                  |  |  |
|                            | Admission  |        | Date:     |               |         |   |               |                             |                  |  |  |
| *Office hours:             | Monday-Frid  | day 9  | :30-11:30 | ) & 13·3      | 0-16:30 | ), Saturday 9:30  | -11:30        |                             |                  |  |  |
| *Please submit             | the complet  | ted a  | pplicatio | on form       | with a  | certified copy  | of birth cert | cificate, 2 self-add        |                  |  |  |

| 1.066; 1 W                        | 1 5 1 0   | 00 11 00 0 10 00 10 00                              | 0 4 1 0 90 3      | 11.00               |                        |       |  |  |
|-----------------------------------|---|---|-------------------|---------------------|------------------------|-------|--|--|
| *Uffice hours: M                  | onday-Friday 9                                  | :30-11:30 & 13:30-16:30,                            | Saturday 9:30-    | 11:30               |                        |       |  |  |
|                                   |   | oplication form with a c<br>rt size photographs and |                   |                     |                        |       |  |  |
| *Your application applicants will | =   | information will be tre                             | eated as strictly | confidential. All   | personal data of unsuc | cessi |  |  |
| Parent's name:_                   |   | Parent's signat                                     | ure:              | Dat                 | e:                     |       |  |  |
|                                   | Address: 1/F                                    | , Carpark & Ancillary F                             | acilities Block,  | Phase 2, Yu Chui Co | ourt, Shatin, N.T      |       |  |  |
|                                   | Tel: 22780022 Website: http://www.aoguck.edu.hk |   |                   |                     |                        |       |  |  |
|                                   |   |   |                   |                     |                        |       |  |  |
|                                   |   |   |                   |                     |                        |       |  |  |