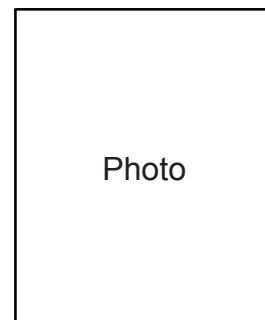




Enrollment Application Form, 2014-2015



Please complete this form in BLOCK letters.

Please select the grade level for which you are applying. N1 L2 U3

Personal Information					
Surname				Given Name(s)	
Chinese Name				English Name	
Date of Birth	Day	Month	Year	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality				Place of Birth	
Religion				First Language	
Birth Cert. No.				Passport No.	
Home Address					
					Tel.

Educational Information		
Current School/Playgroup		
Academic Year	From	To
		Grade

Medical Information		
Does your child have any medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list) _____		
Current Medications		Child's Physician
Telephone Number		

Office Use Only		
<input type="checkbox"/> Photocopy of birth certificate	<input type="checkbox"/> 4 recent photographs	<input type="checkbox"/> 4 (4"x 9") stamped envelopes
<input type="checkbox"/> Photocopy of immunization record	<input type="checkbox"/> Photocopies of school reports	<input type="checkbox"/> Entrance Examination fee of \$30
Date received	Received by	Date of expected entry
Allocated to <input type="checkbox"/> N1 <input type="checkbox"/> L2 <input type="checkbox"/> U3	Registration fee received: <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount: _____

Father/Mother/Guardian Information

Father's Surname		Given Names	
Chinese Name		English Name	
Nationality		HKID/Passport No.	
First Language		Second Language	
Religion		Profession/Occupation	
Employer/Company			
Office Tel.		Mobile Number	
E-mail Address			

Mother's Surname		Given Names	
Chinese Name		English Name	
Nationality		HKID/Passport No.	
First Language		Second Language	
Religion		Profession/Occupation	
Employer/Company			
Office Tel.		Mobile Number	
E-mail Address			
Emergency Contact	Name	Tel.	Relationship

Siblings

Sibling Name	Current School	Grade/Level
Sibling Name	Current School	Grade/Level
Have any siblings attended St. Nicholas' before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state the dates) from _____ to _____	

Family Information

Parents' Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Child Lives With <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Others _____

How did you know about St. Nicholas'

Recommended by friends/relatives, name _____ <input type="checkbox"/> Website <input type="checkbox"/> Others _____

Parent's/Guardian's Signature: _____ Date: _____