

聖公會聖三一堂曾肇添幼稚園
S.K.H. Holy Trinity Church Tsang Shiu Tim Kindergarten
Waiting list application form

Application Date: _____

Waiting no.: _____

Application no.: _____

(For parents)

Student's name:	
Date of Birth: YY MM DD	Gender:
Parent's name (Father):	Contact no.:
Parent's name (Mother):	Contact no.:
Address:	
Indicate the grade apply:	
Reason of the school transition:	
Parent's Sign: _____	
Date: _____	



Our kindarten has accpeted _____ (student's name)'s application.
 (For parents)

If the class which has applied above has available for your child, we shall inform you according to the number on the waiting list.

Yours sincerely,

S.K.H. Holy Trinity Church Tsang Shiu Tim Kindergarten

Application Date: _____