



玫瑰蕾小學  
**ROSEBUD**  
Primary School

Application for Academic Year 2017-18  2018-19  2019-20

**FOR OFFICE USE ONLY** Date: \_\_\_\_\_ STRN #: \_\_\_\_\_

*All information on this registration form is confidential. Please type or clearly print using black or blue ink.*

Applicant's Name: \_\_\_\_\_ Gender:  Male  Female  
(Last/Surname) (First/Given) (MII)

Birth Date(DD/MM/YYYY): \_\_\_ / \_\_\_ / \_\_\_\_ Grade applying for: 1 2 3 4 5 6

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Visa Satus (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street & Flat, Block Number, Building Name) (City)

Phone: \_\_\_\_\_  
(Home) (Work) (Mobile)

Fax: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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**Parent/Guardian Information**

STUDENT LIVES WITH:  PARENTS  MOTHER  FATHER  OTHER (Specify) \_\_\_\_\_

WHO HAS LEGAL CUSTODY?  PARENTS  MOTHER  FATHER  OTHER (Specify) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Emergency Contact Person (other than parent): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Is the parent or guardian a government employee?  YES  NO

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I/We, the undersigned, hereby certify that, to the best of my/our knowledge, the answers to the foregoing questions and statements made by me/us in this application are complete and accurate. I/We understand that any false information, omissions, or misrepresentations of facts may result in rejection of registration or future dismissal of the applicant.

\_\_\_\_\_  
Signature of Parent or Guardian (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (2) (Optional)

\_\_\_\_\_  
Date

Rosebud admits students without regard to race, color, religion, sex, national and ethnic origin, or the presence of a medical condition or disability.