For Official Use Only
Applicant No:
Date:
Time:

ST. ROSE OF LIMA'S COLLEGE Secondary School Places Allocation (SSPA) 2022/2024 Application Form

Nai	me of Applicant:						
Na	me of Present School:						
	. Card No.:		TRN No.:				
Dat	te of Birth:	P	Place of Birth:				
Fat	her's Name:	N	Iother's Name:				
Fat	her's Occupation:	N	Iother's Occup	ation:			
Fat	her's Email Address:	N	Mother's Email Address:				
Co	rrespondence Address:						
Tel	ephone No.:	(Home)				(Office)	
		(Mobile))				
					For Officia	l Use Only	
					IN		
1.	Please give your grades for the following:	I					
	Academic Results	P.5(1 st Term)	P.5(2 nd Term)	P.6(1 st Term)			

Academic Results	$P.5(1^{st} \text{ Term})$	$P.5(2^{nd} \text{ Term})$	$P.6(1^{st} \text{ Term})$	
English				
Chinese				
Mathematics				
Conduct				
				RO

Please mention the internal and external activities in P.4 to P.6 (until 31st December, 2023) which you have participated in and the awards you obtained. (Use additional sheet if needed.)
 Internal Activities

<u>Year</u>	<u>Activity</u>	Award	Organised by	For Official Use Only

Internal Activities

<u>Year</u>	<u>Activity</u>	Award	Organised by	For Official Use Only

External Activities

Year	<u>Activity</u>	Award	Organised by	For Official Use Only

3.	Are	you a Roman Catholic?		
		Yes.		For Official
		Date of baptism:		Use Only
		Parish Church:		
		No, but I am attending a catachumen class.		
		Since		
		Parish Church :		
		No, I am not.		
4.	Do	you have an <u>immediate relative</u> who is a current	nt or a past student of St. Rose of Lima	a's College?
		Yes.		For Official
		Name of the current/past student:		Use Only
		Class/Year of Graduation:		
		Relationship:		
		No, I do not.		
Na	ame o	f Parent:	Signature:	
Da	ate of	Submission:		

Our school will notify parents of all successful applicants by mail and phone on 27th March, 2024. Please fill in the address label with the Student Name below.

Student 1	Name	 	
Address		 	