

For Official Use Only

Applicant No: _____

Date: _____

Time: _____

For Official Use Only

ST. ROSE OF LIMA'S COLLEGE
Secondary School Places Allocation (SSPA) 2024/2026
Application Form

Name of Applicant: _____

Name of Present School:

I.D. Card No.: _____

STRN No.: _____

Date of Birth: _____

Place of Birth: _____

Correspondence Address: _____

Telephone No.: _____ (Home)

Father's Name: _____

Mother's Name: _____

Father's Occupation: _____

Mother's Occupation: _____

Father's Mobile Phone No.:

Mother's Mobile Phone No.:

Father's Email Address: _____

Mother's Email Address: _____

For Official Use Only

1. Please give your grades for the following:

Academic Results	Primary 5 (1 st Term)	Primary 5 (2 nd Term)	Primary 6 (1 st Term)	
English				
Chinese				
Mathematics				
Conduct				

2. Please provide the details of the internal and external activities that you have participated in from Primary 4 to Primary 6, along with the awards obtained during the period. You may attach additional sheet following the same format if necessary.

Internal Activities

Internal Activities

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

External Activities

3. Are you a Roman Catholic?

Yes.

Date of baptism: _____

Parish Church: _____

***For Official
Use Only***

No, but I am attending a catachumen class.

Since _____

Parish Church: _____

No, I am not.

4. Do you have an immediate relative who is a current or a past student of St. Rose of Lima's College?

Yes.

Name of the current/past student: _____

Class/Year of Graduation: _____

Relationship: _____

***For Official
Use Only***

No, I do not.

Name of Parent: _____

Signature: _____

Date of Submission: _____

Our school will notify parents of all successful applicants by mail and phone on 31st March, 2026. Please fill in the address label with the Student Name below.

Student's Name	_____
Address	_____
_____	_____
_____	_____
_____	_____
_____	_____