

Proposed School Name : _____

Expenditure for Employment of Kindergarten Teaching Staff

Type of Staff	Qualification	Number	Monthly Salary
Principal			
Teaching Staff	Qualified Kindergarten Teacher		
	Qualified Assistant Kindergarten Teacher		
	Unqualified Kindergarten Teacher		
Others			
Total :			

Signature of Applicant : _____

Name in BLOCK LETTERS : _____

Date : _____