



## **REGISTRATION FORM**

I hereby enroll the following child from		nonth/year) for (Department/Class)	
	(day,	/month/year) (Department/Class)	
Last Name	First Name	Middle Name(s)	
Name in Chinese characters if		表記):	
Place of birth	Previous	s school	
Parent(s) or Guardian(s	)		
ther's name		Mother's name	
itionality		Nationality	
ome language(s)		Home language(s)	
ntact		Contact	
nployer		Employer	
sition (occupation)		Position (occupation)	
ork address		Work address	
ork phone		Work phone	
Emergency	y contact othe	er than parents/ guardians	
ame		•	
obile			
nail			
elationship			
Billing for School Fees (Tick ✓ For company billing: Contact p		Company 🗆	
Date:	_ Signatur	re(s):	