

STARTERS SCHOOL

1B, 2C 18 Queens Road East, Wanchai, Hong Kong

Web-site: www.starters.edu.hk

E-Mail : starters_school@yahoo.com

PHOTO

For office use only

Year _____ Class _____

Year _____ Class _____

Year _____ Class _____

REGISTRATION FOR TERM BEGINNING ON _____ / 20____
(Month/Year)

STUDENT'S PERSONAL DETAILS

Family Name: _____ Given Name: _____

Date of Birth (DDMM/YYYY) _____ Place of Birth: _____

Nationality _____ Gender: Male () Female ()

First Language: _____ Other Language(s): _____

Name of Previous Pre-School (if any): _____

Position of child in the family (eldest, middle, youngest, or only child) _____

Number of children in the family _____

Home address:

_____ Tel. _____ Fax. _____

PARENTS/GUARDIANS DETAILS

Name of father: _____ Occupation: _____

Business address: _____

Business telephone: _____ Business fax: _____

Email address: _____ Mobile No. _____

Name of mother: _____ Occupation: _____

Business address: _____

Business telephone: _____ Business fax: _____

Email address: _____ Mobile No. _____

Transport Required: Yes _____ No _____

EMERGENCY INFORMATION

In case of emergency, parents/guardians will be contacted first. Please appoint two contact names to act/decide on behalf if they cannot be reached:

Name: _____ Relationship: _____ Tel No: _____

Name: _____ Relationship: _____ Tel No: _____

Should Starters School be unable to contact the names I provided above, I give Starters School permission to seek medical help assistance for my child _____ in case of emergency. Should any cost be incurred, I will assume full financial responsibility.

Date: _____ Signed: _____

GENERAL AND MEDICAL INFORMATION

Please inform us of anything which may affect your child’s progress, e.g. any serious illness or allergies (if so, please give details below), special education needs, death of one parent, parent’s separation, new baby, moving house etc.

PARENTS/GUARDIANS ACKNOWLEDGEMENT AND SIGNATURE

- 1) I understand the school exercises reasonable care and attention to the students in all school-sponsored activities. Unless I can prove the school has been negligent in the activity, I would not hold the school, organizer, any teacher, employee, or other person responsible for the activity or any liability relating to my child from any and all personal injury, illness or loss of property that may be suffered by my child or occurred during the activity.
- 2) I have read and agree to abide by Starters School withdrawal and deposit policies as listed on Starters School website and offer letter.
- 3) I declare that the information given in this application form is true and accurate and understand that a failure to provide accurate information will result withdrawal of the applicant’s admission and dismissal from Starters School.

Signed: _____ Date: _____

<u>FOR OFFICE USE ONLY:</u>			
Date Received	_____	Deposit Fee	_____
Acknowledged on	_____	School Fee	_____
Registration Fee	_____	Date Commenced	_____
			Class _____
			Date Left _____
			Remarks _____