

# **STARTERS SCHOOL**

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

Web-site: [www.starters.edu.hk](http://www.starters.edu.hk)

E-Mail : [starters\\_school@yahoo.com](mailto: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 (DD/MM/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 your behalf if you 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 special education needs, death of one parent, parent's separation, new baby, moving house etc. (if any, please give details below).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

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