

## **Think International School Application Form**

diffe (iii Efiglisii).					(in Chine	ese):        _			_
ex:	Nationality:		Birth Certificate/Passport No.:				:		_
ate of Birth:			Place	of Birth:			_ Age:		_
ddress:					Contac	t Tel:			_
_					11				
-mail Address:									_
ast School Attended:			Class:					_	
eason of Leaving:									
Please ☑ the c	lass of choice		☐ Early Ye	ears One	□ Ec	arly Yea	ırs Two		
			Year I			ear 2		□ У∈	ear 3
			Year 4			ear 5		□ У∈	ear 6
Chinese Level:			☐ Fluent speakers of Chinese						
			Chinese	as an ad	ditional la	anguage	2		
Please detail (	anv special e	educ	ational need:	s:					
Parents (Guardia		diate :	family informa	ation:	Wish to	start o	n (mm/	yyyy) <u> </u>	
		Δηρ	family informa Relationship w Applicant		Wish to	Occi	n (mm/	yyyy)	Name of Company works
Parents (Guardia	an) and immed	Δηρ	Relationship w		Level of	Occi			Name of Company works for/ Name of School
Parents (Guardia	ID / Birth Cert. No.	Age	Relationship w Applicant	Religion	Level of Education	n Occi	upation	Office Tel:	Name of Company works for/ Name of School
Parents (Guardia	ID / Birth Cert. No.	Age NK ki	Relationship w Applicant ndergarten/sc	Religion	Level of Education	Occi	upation	Office Tel:	Name of Company works for/ Name of School Attending
Parents (Guardia Name	ID / Birth Cert. No.  attended THI	Age NK ki	Relationship w Applicant ndergarten/sc	Religion	Level of Education	Occi	upation	Office Tel:	Name of Company worke for/ Name of School Attending  Class:
Parents (Guardia Name  Name  Name of siblings  Parent's Signat	ID / Birth Cert. No.  attended THI ure: use only:	Age NK ki	Relationship w Applicant ndergarten/sc	Religion	Level of Education	n Occi	upationYear	Office Tel:  Attended:	Name of Company worker for/ Name of School Attending  Class:
Parents (Guardia Name  Name of siblings  Parent's Signate  For school office  Date of Applicate	ID / Birth Cert. No.  attended THI ure: use only: ion:	Age NK ki	Relationship w Applicant ndergarten/sc	Religion hool:	Level of Education	n Occi	upation  Year  Checker	Office Tel: Attended: Date  office Tel:	Name of Company worker for/ Name of School Attending  Class:  Lee:
Name  Name of siblings  Parent' s Signat  For school office  Date of Applicat Date of Intervie	ID / Birth Cert. No.  attended THI ure: use only: ion:	Age NK ki	Relationship w Applicant ndergarten/sc	Religion hool:	Level of Education	n Occi	upation  Year  Checker	Office Tel: Attended: Date ' s Signatu	Name of Company worker for/ Name of School Attending  Class:

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