



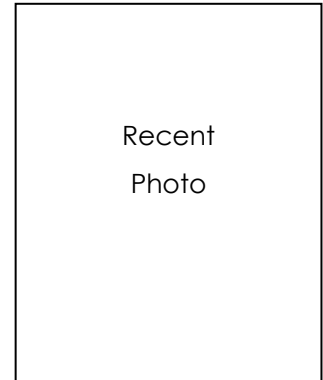
Think International School/ Kindergarten Application Form

Applicant's Name (in English): _____ (in Chinese): _____

Sex: _____ Nationality: _____ Birth Certificate/Passport No.: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Residential Address: _____



Last School Attended: _____ Class: _____

Reason of Leaving: _____

Please / the class applied for:	<input type="checkbox"/> Early Years One Half day (age 3-4)	<input type="checkbox"/> Bilingual (English & Putonghua)	<input type="checkbox"/> Early Years Two (age 4-5)
	<input type="checkbox"/> Year 1	<input type="checkbox"/> English only	
	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	
	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Year 6

Wish to start on (mm/yyyy) _____

LANGUAGE PROFILE

- | | | | |
|-------------|---------------------------------|---------------------------------------|-----------------------------------|
| English | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| Putonghua | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| Cantonese | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| Other _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |

SPECIAL EDUCATIONAL NEEDS

Please note any identified or diagnosed special or additional needs.

TIS reserves the right to withdraw registration to the school if it is found that any identified or diagnosed special or additional needs have not been disclosed prior to admission.

PARENTS/ GUARDIAN DETAILS

Father/ Guardian 1 Name (in English): _____ (in Chinese): _____
HKID No./ Passport No.: _____ Nationality: _____
Occupation: _____ Company Name: _____
Phone No. (mobile): _____ (home): _____ (office): _____
Email Address: _____
Residential Address (if not same as applicant): _____

Mother/ Guardian 2 Name (in English): _____ (in Chinese): _____
HKID No./ Passport No.: _____ Nationality: _____
Occupation: _____ Company Name: _____
Phone No. (mobile): _____ (home): _____ (office): _____
Email Address: _____
Residential Address (if not same as applicant): _____

SIBLING(S) INFORMATION

(1) Name: _____ Date of Birth: _____
Name of School Attending: _____ Current Class: _____
(2) Name: _____ Date of Birth: _____
Name of School Attending: _____ Current Class: _____
(3) Name: _____ Date of Birth: _____
Name of School Attending: _____ Current Class: _____

DECLARATION

I declare that the information I have given is accurate & complete and I also understand that all supporting documents must be received before the admissions process can continue. I acknowledge that failure to disclose information may result in denial of admission or a rejected application.

Signature: _____ Relationship to applicant: _____

Date: _____

For school office use only

Date of Application:	Receipt No.:	Checker's Signature:
Date of Interview:	Interviewer:	Result:
Date of Registration:	Admission Date:	Class:
Remark:		