ADMISSION FORM

|  |  |
| --- | --- |
| Child’s Info |  |
| Name | Male/ Female |
| Date of Birth Year: Month: Day: | |
| Nationality |  |
| Former Kindergarten (if any) |  |
|  |  |
| Family Background |  |
| Father’s Name |  |
| Mother’s Name |  |
| Address |  |
|  |  |
| Phone Number 1 | (General Use) |
| Phone Number 2 | (Emergency) |
| Email Address |  |
|  |  |

Please go to the next page!

|  |  |
| --- | --- |
| Religion (if any) |  |
| Food Special Care (if any) | □Halal |
|  | □Vegetarian |
|  | □Allergy ( ) |
| Major Language | At Home ( ) |
|  | TV ( ) |
|  | Others ( ) |
| Remarks |  |
|  |  |
|  |  |

* I read and agreed of HAPI school policy

Name

Signature