



Highgate House School - The Peak

Registration Form for Nursery & Kindergarten ONLY

DD / MM / YY

Last Name	_____	Date of Birth	_____
Other Names	_____	Sex	Male / Female
Nationality	_____	Mother Tongue	_____
		Second Language	_____

Please tick the appropriate box to indicate who should be the first point of contact:

<input type="checkbox"/>	Parent's Name	_____	<input type="checkbox"/>	Parent's Name	_____
	Relationship to Child	_____		Relationship to Child	_____
	Passport/HKID	_____		Passport/HKID	_____
	Occupation	_____		Occupation	_____
	Telephone	_____		Telephone	_____
	Mobile	_____		Mobile	_____
	Email	_____		Email	_____
	Home Address	_____		Billing Address	_____
		_____			_____
		_____		Billing Email	_____
		_____		Billing Contact Name	_____

Siblings

Name	_____	Date of Birth	_____ / ____ / ____	Sex:	Male/Female
	_____		_____ / ____ / ____		Male/Female
	_____		_____ / ____ / ____		Male/Female

Requested Starting Date: _____

Requested Class: (Please circle requested class/classes)

- Ages 2 to 4** Nursery - English / Mandarin / Bilingual
- Ages 3 to 6** Bilingual Kindergarten

signature: _____ Date: _____

For office use only:

Reg. Received Date: _____

Pupil ID: _____ Date Data Entered: _____