



# Think International Kindergarten/Nursery

## Application Form 2023/2024

Reference

|   |   |   |
|---|---|---|
| Please <input checked="" type="checkbox"/> the campus of choice : | <input type="checkbox"/> Laguna City (lcadm@think.edu.hk) | <input type="checkbox"/> Ma On Shan (mosadm@think.edu.hk) |
|   | <input type="checkbox"/> Mei Foo (mfadm@think.edu.hk)     | <input type="checkbox"/> Nam Cheong (ncadm@think.edu.hk)  |

If your choice is full, will you consider choosing one of our other campuses?  Yes  No

(Remark: Please make one campus choice only.)

### Applicant's Information

Name (in English): \_\_\_\_\_ (in Chinese): \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

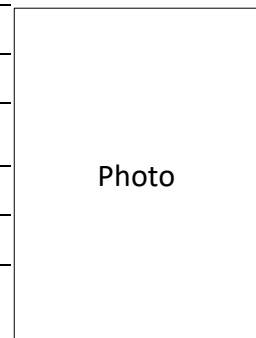
Birth Certificate/Passport No.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Tel: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Class: \_\_\_\_\_

Reason of Leaving: \_\_\_\_\_

Wish to start on: \_\_\_\_\_



### Please the class of choice

|   |   |   |   |
|---|---|---|---|
| <b>2-3 years old</b><br><b>Pre-Nursery</b><br><b>Bilingual (English + Cantonese)</b>  | <b>3-6 years old</b>  |   |   |
| <input type="checkbox"/> AM<br><input type="checkbox"/> PM<br>(Remarks: Please tick both boxes if you do not mind attending either AM or PM class.) | <b>Age:</b><br><input type="checkbox"/> 3-4 years old<br><input type="checkbox"/> 4-5 years old<br><input type="checkbox"/> 5-6 years old<br>(Remarks: Due to classroom size, the UK class sessions (i.e. morning or afternoon) will be decided by the school.) | <b>Class:</b><br><input type="checkbox"/> AM<br><input type="checkbox"/> PM<br><input type="checkbox"/> Whole day | <b>Language:</b><br><input type="checkbox"/> Bilingual (English + Cantonese)<br><input type="checkbox"/> Bilingual (English + Putonghua) (PM Only)<br><input type="checkbox"/> International Class (English only) |

### Intended Primary School Stream:

Local Schools
  Think International School
  Other International Schools

### Information of Parents/Guardians and Siblings

| Name | Age | Relationship with Applicant | Level of Education | Occupation | Office/Contact Tel: | Name of Co. worked for/ Name of school attending |
|------|-----|-----------------------------|--------------------|------------|---------------------|--|
|      |     |                             |                    |            |                     |  |
|      |     |                             |                    |            |                     |  |
|      |     |                             |                    |            |                     |  |
|      |     |                             |                    |            |                     |  |

Name of \* Brother/Sister/Relatives attended this school: \_\_\_\_\_ Relationship: \_\_\_\_\_ Year Attended: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Remarks:

Personal data in this form is provided for processing the application for kindergarten/nursery admission. After completion of the application procedure, all information provided will be disposed of, in accordance with the Personal Data (Privacy) Ordinance. Applicants have the right to access, correct and update their own personal data. Please approach the office for any enquiries.

### For school office use only:

|                            |                          |                             |
|----------------------------|--------------------------|-----------------------------|
| Date of Application: _____ | Date of Interview: _____ | Date of Registration: _____ |
| Date of Admitted: _____    | Class: _____ AM/PM       |                             |
| Remarks: _____             |                          |                             |