



APPLICATION FOR ADMISSION

Student Details

Family Name	First Name Chinese Character (if applicable)
Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth
Country of birth	Nationality (if dual citizenship, please state)
Singapore Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate / FIN / UIN No.
Address in Singapore	Residential Contact No.
First Language spoken	Other Languages spoken
Previous School(s) attended	
Name	Country
	Grade / Year
	From / To
_____	_____
_____	_____
_____	_____

EtonHouse Zhong Hua Pre-School Pte. Ltd.

Corporate Office: 178 Clemenceau Avenue #06-00, Haw Par Glass Tower Singapore 239926
Campus: 681 Bukit Timah Road, #01-03, Singapore 269782 Tel: 65-6467 3322
 E-mail: hceh@etonhouse.edu.sg Website: www.etonhouse.com.sg

Co. Reg. No.: 201506276D

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Parents' Details

Father's Name	NRIC / FIN / UIN No.
Nationality	Singapore Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Company Name
Company Address	Email Address
Handphone No.	Other Contact No.
Mother's Name	NRIC / FIN / UIN No.
Nationality	Singapore Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Company Name
Company Address	Email Address
Handphone No.	Other Contact No.
Annual Household Income <input type="checkbox"/> Below S\$50,000 <input type="checkbox"/> S\$50,000 – S\$100,000 <input type="checkbox"/> Above S\$100,000	

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Sibling's Details

Name	Boy / Girl	Date of Birth	Present School

Emergency Contact

Name	Relationship to Child
Handphone No.	Other Contact No.

Billing Information

Send invoice to:	<input type="checkbox"/> Family Address Attention to: _____
	<input type="checkbox"/> Father's company Attention to: _____
	<input type="checkbox"/> Mother's company Attention to: _____

Health and Dietary Information

1. Does your child have any medical conditions that the school should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your child require any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have answered "Yes" to any of the questions above, please give details and/or attach relevant reports.</p> <p>_____</p> <p>_____</p>	
4. Is your child a vegetarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Name of Family Doctor	Contact No.
_____	_____
6. Authorization to send child to the hospital for medical attention	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Declaration and Agreement

I declare that the information on this application form is true and accurate to my full knowledge. I agree that in the case of special educational needs, the school must assess carefully whether it can provide adequate support for my child before accepting my child's application. I understand that any failure to declare such information will result in the offer of a place being withdrawn or my child being asked to leave the school.

I understand that the payment of registration fee, student insurance and refundable deposit is compulsory for registration. I understand that the school shall be entitled to increase the school fees from time to time. I am aware that any fee increase will be notified to me in writing and the increased fee shall be payable by me effective from the date stipulated in the notice.

I have read, understood and agree to the terms and conditions of EtonHouse Kindergarten Pte Ltd.

Name of Parent / Guardian

Signature / Date

For Official Use

Date			
Registration / Transfer no.			
Transfer from (branch)			
Amount	S\$	Receipt no.	<input type="checkbox"/> Accounts to bill
Siblings / Year level in EtonHouse (if any)			
Place offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Waitlist
Year Level / Session	K2 / K1 / N2 / N1 / PN	Morning / Afternoon	
Commencement Date			
Mode of Transport			
Other Remarks			

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