



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 |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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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 |
| If you have answered "Yes" to any of the questions above, please give details and/or attach relevant reports. | |
| _____ | |
| _____ | |
| 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 | | | |

EtonHouse Zhong Hua Pre-School

EtonHouse Pre-School Pte Ltd

Corporate Office: 8 Stevens Road, Singapore 257819

Campus: 681 Bukit Timah Road #01-03, Singapore 269782 Tel: 65-6467 3322

E-mail: hceh@etonhouse.edu.sg Website: www.etonhouse.edu.sg/zhong-hua

Co. Reg. No. / GST Reg. No. : 199407645E

