

			AISSION FORM		
ame of Student:				(Middle Name)	
Birthday:	_ Age:	Gender:	Citizenship:	Religion: _	
Name of Parent/Guardian:			Contact Number: _		
lame of Parent/Guardian:			Contact Number: _		
Previous School:			School Attended: _		
Kindly answer the ff. question	s, as it app	lies to your child?			
 Has your child receiv If yes, pleas 			rious schools?		
2. Does your child have If yes, pleas			? s of any previous reports		
3. Has your child had ar If yes, pleas			inary difficulties?		
			eech, language, health, others)?		
The information stated abo	ve is currer	it and adequate. I ui	nderstand that it is my responsibilit	ty to notify the	school of any change
Name of Parent / Guard	ian		Signature		Date
GINGERBREAD 122 Co HOUSE OF LEARNING 金智幼儿园 (O2)- 4	ngressional 26-2909		AISSION FORM		Picture
Name of Student:	(Su	rname)	.,(First Name)		(Middle Name)
Birthday:	,	,	Citizenship:	Religion:	,
•	_		Contact Number:	_	
			Contact Number:		
			School Attended: _		
Gindly answer the ff. question					
Has your child receiv	ed remedia	l assistance in prev	rious schools?		
2. Does your child have If yes, pleas			s of any previous reports		
3. Has your child had ar If yes, pleas			inary difficulties?		
			eech, language, health, others)?		
The information stated abo	ve is currer	t and adequate. I ui	nderstand that it is my responsibili	ty to notify the	school of any change
Name of Parent / Guard	ian		 Signature		Date