



Think International School Application Form

Name (in English): _____ (in Chinese): _____

Sex: _____ Nationality: _____ Birth Certificate/Passport No.: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

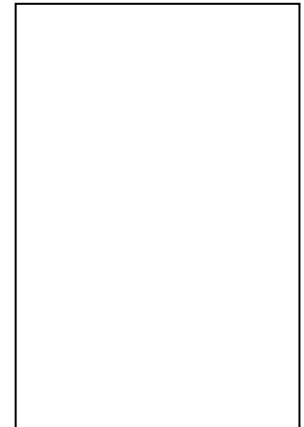
Address: _____ Contact Tel: _____

Home Tel: _____

E-mail Address: _____

Last School Attended: _____ Class: _____

Reason of Leaving: _____



Please the class of choice

Early Years One Early Years Two

Year 1 Year 2 Year 3

Year 4 Year 5 Year 6

Chinese Level:

Fluent speakers of Chinese

Chinese as an additional language

Please detail any special educational needs:

Wish to start on (mm/yyyy) _____

Parents (Guardian) and immediate family information:

Name	ID / Birth Cert. No.	Age	Relationship w Applicant	Religion	Level of Education	Occupation	Office Tel:	Name of Company worked for/ Name of School Attending

Name of siblings attended THINK kindergarten/school: _____ Year Attended: _____ Class: _____

Parent' s Signature: _____

Date: _____

For school office use only:

Date of Application: _____	Receipt No.: _____	Checker' s Signature: _____
Date of Interview: _____	Result: _____	
Date of Registration: _____	Date of Admitted: _____	Class: _____
Remarks: _____		