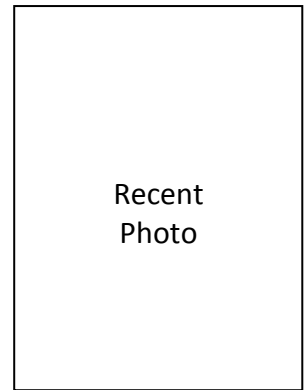




HAMILTON HILL INTERNATIONAL
KINDERGARTEN / PRE-SCHOOL

Applicant's Full name:

Application Form 20__-20__



For Hamilton Hill Staff Only:

<u>Date Received:</u>		<u>Source:</u>	
<u>Account #:</u>		<u>Payment Date:</u>	
<u>Invoice #:</u>		<u>Processed by:</u>	

Date (DD/MM/YYYY):

*Please fill out the form in **ENGLISH**

1. Student Information

First Name:		Middle Name:		Last Name:	
Date of Birth (DD/MM/YYYY):		Preferred Name:		Sex:	
Place of Birth:			Nationality:		
HKID No. (if applicable):			Passport No. (if applicable):		
Birth Certificate No.:					
Residential Address:					
Telephone:	()	Fax:	()
Mailing Address: (if differ than Residential)					
<u>Language Background:</u>					
First Language:			Second Language:		
Your child mainly speaks English with... (please check the box(es) that applies)					
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Helper	<input type="checkbox"/> Other	
Primary person caring for your child is... (please check the box(es) that applies)					
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Helper	<input type="checkbox"/> Other	
Any Medical Conditions / Allergic Reactions: If yes, please specify.					
<u>Siblings:</u>					
Brother(s) or Sister(s) applying with Applicant:			<input type="checkbox"/> Yes (please fill out the information below)	<input type="checkbox"/> No	
Name of applicant:					
Applying to Grade:			For the School Year:		



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2. Parents/Guardians Information

<u>Mother/Guardian</u>					
Title:	Mr./ Mrs. / Ms.	First Name:		Last Name:	
Marital Status:		Role:		Contact Priority:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
HK ID Card:	<input type="checkbox"/> Permanent ID <input type="checkbox"/> Not Permanent ID	Occupation:			
Mobile Phone:	()	Email:			
Company:			Office No.:	()	
Office Fax:	()	Email:			
Mailing Address: (if differ than Section 1 above)					
First Language:			Second Language:		
Are you an HHIK staff member?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Did you attend an Int'l School?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____		

<u>Father/Guardian</u>					
Title:	Mr./ Mrs. / Ms.	First Name:		Last Name:	
Marital Status:		Role:		Contact Priority:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
HK ID Card:	<input type="checkbox"/> Permanent ID <input type="checkbox"/> Not Permanent ID	Occupation:			
Mobile Phone:	()	Email:			
Company:			Office No.:	()	
Office Fax:	()	Email:			
Mailing Address: (if differ than Section 1 above)					
First Language:			Second Language:		
Are you an HHIK staff member?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Did you attend an Int'l School?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____		



3. Applicant’s Photo

Photo size requirement

- 2 Extra Recent Photos
- Recommended file size: Passport size or 1.5" x 2"

4. Emergency Contacts

Person to be contacted in case of an emergency if the parents are unavailable.

Title:	Mr./ Mrs. / Ms.	First Name:		Last Name:	
Mobile Phone:	()	Home Phone:	()	Relationship:	

***Please indicate whether your child has any developmental, educational and/or medical needs. Please submit any related information you have with this application form. This will be used to assist in making the most beneficial placement of your child.**

5. Signature

I/We have read, understood and agree to the Declaration and Agreement below.

Declaration & Agreement

- (a) I/We also agree to abide by the (i) General Information and Regulations (ii) Fee Structure and Regulations of Hamilton Hill Parents’ Handbook. I/We understand that the contents may be amended from time to time without prior notice and that they apply upon the enrolment of my/our child.
- (b) I/We agree and consent to the terms of Hamilton Hill International Kindergarten Data Protection Policy both available upon request.
- (c) I/We consent/authorise Hamilton Hill International Kindergarten to contact me/us (whether via mail, email, SMS, telephone call and other phone number-based messaging) for the purposes of updating, introducing, proposing and recommending to me/us courses, programmes, curriculums, concerts and/or events organised by Hamilton Hill International Kindergarten and also all other matters pertaining to the development, progress and/or growth of my/our child/children.
- (d) I/We understand and agree that:
 - Fees are payable on a term basis, by the 1st of the beginning of every term. Fees paid are non-refundable. The monthly fees must be paid in full regardless of school holidays, when my/our child/children is/are on sick leave or when my/our child/children is/are on vacation.
 - If my/our fees are in arrears for more than one (1) calendar month and no arrangements have been made with the school, my/our child’s/children’s place will



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be withdrawn. I/We will be liable for all additional costs incurred by the School in collecting the outstanding fees and the deposit will be forfeited.

- I/We need to provide one (1) calendar month notice by the 1st of the month prior to withdrawing or early termination from the School. I/We need to submit all withdrawal forms by the 1st of the month before the month of the effective date of withdrawal.
- I/We agree to pay all outstanding fees prior to my/our departure. Failing which, the deposit paid will be forfeited. Refund will be made only after all outstanding payments have been settled.
- I am/We are aware that withdrawal or early termination on any other dates will not be accepted.
- I/We need to pay all fees in full payment.

The information provided in this application by me/us is true and accurate. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

My/Our consent is given to the Hamilton Hill International Kindergarten to release my/our particulars and those of my/our child/children presently in the kindergarten to the Education Bureau (EDB) and the Health & Safety Department.

I/We also consent to my/our child/children being screened under the health programmes of the Health and Safety Department.

My/Our consent is given to the kindergarten to post my/our child's/children's images, written works, academic results and voice in the Hamilton Hill International Kindergarten Portal and other media sources used by the kindergarten, for example but not limited to webpage, facebook, magazines, kindergarten façade, television and videos. I/We acknowledge that Hamilton Hill International Kindergarten reserves the right to use my/our child's/children's images, written works, academic results and voice in newspapers, brochures, videos or other promotional materials.

I certify that I have read the admissions policies, and that the information provided on this application is complete and accurate. I also understand that all supporting documents must be received before the admissions process can continue and acknowledge that failure to disclose information may result in denial of admission or dismissal from school.

Signature: _____

Relationship to applicant: _____

Name: _____

Date: _____

Send application and non-refundable/non-transferable application fee of HKD\$40 made payable to Hamilton Hill International Kindergarten:

Hamilton Hill Limited
2/F Tang Kung Mansion,
31 Tai Koo Shing Rd, Taikoo Shing, HongKong

Tel: (852) 2567-5454

admissions@hhik.edu.hk

www.hhik.edu.hk