



Date:

Registration Number: (Office Use Only)

Name of Student:

Last

First

Sex: F M

Date of Birth:

Day

Month

Year

School level:

Parent's Name:

Last

First

NRIC/FIN:

Home Address:

..... S

Email Address:

Telephone:

Home: Office: Mobile:

Emergency Contact:

Home: Office: Mobile:

What language are you interested in? (Tick appropriate boxes)

English

Mandarin

What sort of programmes are you interested in? (Tick appropriate boxes)

Play Group

Nursery

Kindergarten Primary

Enrichment

Holiday Programmes

Speech & Drama Creative Writing

Reading & Phonics

Hanyu Pinyin

Other

Does the student have any specific medical problems or food allergies?
Has the pupil ever seen, or been recommended to see a therapist or psychologist?
If yes, please specify the nature of the assessment:

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.....
.....

I have read and accepted the terms and conditions associated with Hess Education Centre.

Date