



Church Hill Mandarin School
立志中文学校

Enrolment Form

Student Details

Class: _____

Name: _____

Gender (M/F): _____

Date of Birth (dd/mm/yyyy): _____

Age: _____

Home Address: _____

Spoken Languages: (Y/N)

English: _____

Mandarin: _____

Other: _____

First Language: _____

Parent/Guardian details

Name: _____

Relationship to applicant: _____

Tel: _____ Email: _____

Emergency Contact Number: _____

Additional Information (e.g. Allergies, Medical Conditions): _____

Parent/Guardian's Signature: _____

Date: _____