

Highgate House School 100 Peak Road The Peak Tel: 2849 6336 Fax: 2849 6332

<u> Highgate House School - The Peak</u>

Registration Form for Nursery & Kindergarten ONLY

				DD / MM / YY
_ast Name			Date of Birth	
First Name			Sex	
Nationality			First Language	Male / Female
Please tick the appropriate box to i				oint of contact :
Parent's Name			Parent's Name	
Relationship to Child		Relationship to Child		
Telephone			Telephone	
Mobile	bile		Mobile	
Email			Email	
Billing Address				
Siblings				
Name	Date c	of Birth		Sex
	/	/		Male / Female
	/	/		Male / Female
	/	/		Male / Female
Requested Starting Date :				
Requested Class: (Please circle requ	uested Cla	ss / Clas	sses)	
Ages 2 to 4 Ages 3 to 6 Nursery - Mandarin Bilingual Kindergarte				
Parent / Guardian's signature :			_ D	ate :
				ial∀.

Scan here to register online



office		

Reg. Free Reference & Received Date:

Receipt No:

Pupil ID:

Date Data Entered: