

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

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

## Registration Form for Parent Accompanied Groups Only

|  |                                |                   | DD / MM / YY                                 | (               |
|--|--------------------------------|-------------------|--|-----------------|
| Last Name  |                                | Date of Birth     |  |                 |
| First Name   |                                | Sex               |  |                 |
| Nationality  |                                | First Language    | Male / Female                                |                 |
| Please tick the appropriate  | box to indicate who sho        |                   | oint of                                      |                 |
| <b>contact :</b><br>Parent's Name  |                                | Parent's Name     |  |                 |
| Relationship to Child  |                                | Relationship to C |  |                 |
| Talanhana  |                                | Telephone         |  |                 |
| Mobile   | _                              | Mobile            |  |                 |
| Email  |                                | Email             | -  |                 |
| Billing Address  |                                |                   |  |                 |
|  |                                |                   |  |                 |
| Siblings   |                                |                   | Cons   |                 |
| Name   | Date of Birth                  |                   | Sex  |                 |
|  |                                |                   | Male / Female                                |                 |
|  |                                |                   | Male / Female                                |                 |
|  |                                |                   | Male / Female                                |                 |
| Requested Starting Date :  |                                |                   |  |                 |
| Requested Class: (Please of  | circle requested Class / Clas  | sses ) Pay        | able to ' <b>Highgate Ho</b>                 | use School'     |
| Under 1 year Parent or Main Caregiver & Baby Parent / Carer & Child - English / Ma               |                                | andarin           | eque / Transfer Reference # and Date<br>ce : |                 |
| Registration fee (non-refundat<br>Bank a/c : HSBC 474-392115-<br>(Pleas state transfer reference | 001                            | ]                 |  |                 |
| I / We enclose a non refundab  | ole registration fee of HK\$ 1 | .000              |  | Scan here to    |
| Parent / Guardian's signature  | :                              | _                 |  | register online |
|  |                                | į                 |  |                 |

For office use only:

Reg. Free Reference & Received Date:

Receipt No:

Pupil ID:

Date Data Entered: