



Church Hill Mandarin School
立志中文学校

Enrolment Form

Date: _____

Class: _____

Student details

Name: _____

Gender (M/F): _____

Date of Birth (mm/yyyy): _____

Age: _____

Home Address: _____

Spoken Languages (✓):

English: _____

Mandarin: _____

Other: _____

First Language: _____

Parent/Guardian details

Name: _____

Relationship to applicant: _____

Tel: _____

Email: _____

Emergency contact No.: _____

Additional information (e.g. Allergies, medical conditions): _____

Parent/Guardian's signature : _____ Date : _____