



ASHVILLE

International Nursery (Lantau Island)

艾思維國際幼兒園(大嶼山)

School Year: 2019/2020

Admissions Office Use only:	Completed by:	
Received on:	Interview date:	
Student ID:	Receipt #	

PARTICULARS OF STUDENT:

Surname:	First Name:	Middle name:	Applicant Photo
Chinese name: (if applicable)	Preferred name:	Date of Birth (dd/mm/yy):	
Place of Birth:	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Expected date of Entry: (dd/mm/yy)	
Home Address:			
City:	Country:	Contact Tel. No:	
For Hong Kong Permanent Resident/Citizen:			
Birth Certificate no:	Passport No:	Country of Passport:	
For Hong Kong Non-Permanent Resident Non-Permanent residents are required to submit copies of Hong Kong Dependent Visa by the first day of school			
Country of Passport:	Passport No:	Visa Expiry date:	

CLASS AND TIMES:

Nursery (2-3 years old)			
Preferred Session: (please use 1,2,3 to state preference, 1 being the 1st choice)			
<input type="checkbox"/> Whole day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon session	
Has your child ever attended our Playgroup?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child have siblings who are/have been students	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sibling Name:	Age	Grade/Class	School

FAMILY INFORMATION:

	Father / Guardian	Mother / Guardian
Lives with Applicant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full name in English: (First name, middle name, Surname)		
Name in Chinese(if applicable)		

Home Address: (if different from Applicant)		
Postal Address: (if different from Home Address)		
Home Phone No:		
Mobile Phone No:		
Citizenship:		
Hong Kong Permanent Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:		
Occupation:		
EMERGENCY CONTACT INFORMATION: In case of emergency, Parents/Guardians will be contacted first. Please appoint a contact person who can act on behalf of parents if they cannot be reached		
Name of Emergency contact:	Relationship to Applicant	Mobile Phone No:

MEDICAL/HEALTH/ SPECIAL NEEDS:

Please let us know if your child has any Medical concerns, Allergies or Special Needs:

TRANSPORTATION:

Would you like us to provide transportation to school? Yes No

PARENT ACKNOWLEDGEMENT:

1. I agree to abide by the regulations of Ashville International Nursery (Lantau Island) and the jurisdiction of the laws of Hong Kong 2. I declare that the information provided in this form is true and accurate.			
Parent/Guardian name		Signature:	
Date of Application:			

Please sign the Application form and submit with the supporting documents and a non-refundable processing fee of HK\$40 to the Administration office either in person or post.
(if payment by cheque, please make it payable to Ashville International Nursery.)
 If you are applying from overseas, this fee can be paid on the Interview date.

SUPPORTING DOCUMENTS:

1. Copy of the Applicant's Birth Certificate
2. Copy of the Applicant's Immunization Record
3. Copies of Hong Kong Dependent Visa (* For Hong Kong Non-Permanent Resident)

SCHOOL ADDRESS: G/F, 1 Sea Crest Terrace, 19 Mui Wo Ferry Pier Rd, Mui Wo, Lantau Island, Hong Kong
CONTACT NO FOR ENQUIRIES: +852 2109 9886 EMAIL: info@kht.edu.hk

Internal use:	REMINDERS:

