



**David Exodus Kindergarten**  
(International Children's Centre Limited)

*Application Form*

<b>Student No.</b>		<b>Date of application:</b>	
<b>Name of child:</b>			
	Surname	First	Middle
<b>Birthday:</b>		<b>Sex:</b>	
dd / mm / yy			
<b>Address:</b>			
		Email:	
<b>Mother's name:</b>			
Occupation		Nationality	
		Telephone	
<b>Father's name:</b>			
Occupation		Nationality	
		Telephone	
<b>Names &amp; Ages of other children:</b>			
Child's name		School attending	
Child's name		School attending	
Child's name		School attending	
<b>Name of relative or friend in case of emergency:</b>			
Name		Relationship	
		Telephone	
<b>Who will deliver and collect child from school:</b>			
Name		Relationship	
<b>Language:</b>			
Child's		Family	

*For Office Use Only*

Acknowledgement:	
Interview Appointment:	
Confirmation:	
Remarks:	

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