

JHS MONTESSORI KINDERGARTEN
REGISTRATION FORM

Pupil's Particulars			
Name (in English):		Name (in Chinese):	
Citizenship:	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others If Others pls state: _____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Certificate No./ FIN No.:		Date of birth:	
Race:		Religion:	
Address:			

Father's Particulars			
Name:			
Citizenship:	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others If Others pls state: _____		
NRIC No./ FIN No.:		Date of birth:	
Race:		Religion:	
Occupation:		Employer:	
Contact Nos.:	Home: _____	Mobile: _____	Office: _____
Email Address:			

Mothers's Particulars			
Name:			
Citizenship:	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others If Others pls state: _____		
NRIC No./ FIN No.:		Date of birth:	
Race:		Religion:	
Occupation:		Employer:	
Contact Nos.:	Home: _____	Mobile: _____	Office: _____
Email Address:			

Authorized Pickup			
Name/Relationship to child:		Contact No.:	
Name/Relationship to child:		Contact No.:	
Name/Relationship to child:		Contact No.:	