



HAMILTON HILL INTERNATIONAL
KINDERGARTEN / PRE-SCHOOL

Questionnaire

Date (DD/MM/YYYY):			
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*Please fill out the form in **ENGLISH**

For Hamilton Hill Staff Only:

Date Received:		Source:	
Processed by:		Class Interested:	

1. Student Information

First Name:		Middle Name:		Last Name:	
Date of Birth:	DD	MM	YYYY	Preferred Name:	
				Sex:	F <input type="checkbox"/> M <input type="checkbox"/>
Place of Birth:				Nationality:	
Residential Address:					
Telephone:	()	Fax:	(
)
Current School:					
First Language:				Second Language:	

2. Main Contact Information

Title:	Mr./ Mrs. / Ms.	First Name:		Last Name:	
Marital Status:				Role:	
Occupation:					
Mobile Phone:	()	Email:	
First Language:				Second Language:	

3. Where did you hear about us?

<input type="checkbox"/> School Website	<input type="checkbox"/> School Facebook	<input type="checkbox"/> Magazine: _____	<input type="checkbox"/> Flyer
<input type="checkbox"/> Fairs/Events	<input type="checkbox"/> Referral: _____	<input type="checkbox"/> School Sign	<input type="checkbox"/> Others: _____

4. Which classes are you interested in?

<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Playgroup	<input type="checkbox"/> Seasonal Courses	<input type="checkbox"/> After School Program
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Your preferred choice of Primary School for your child/children:	
What is the most important factor to you in choosing a kindergarten for your child/children?	
What attracted you to visit Hamilton Hill International today?	
What area of development would you like your child/children to focus on?	
Any specific skills would you like your child/children to acquire while they are at Hamilton Hill?	
Any comments or specific Requests:	