



**Kid's Home Preschool**  
No. 7 Str. 19, My Gia 1,  
Phu My Hung, Tan Phu Wd,  
Dist. 7, HCMC  
028 6274 7601

DATE	
Assisted by:	
Program Enrolled in:	1
	2

## STUDENT'S PROFILE

Remarks:
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## STUDENT'S PROFILE

Name:		Birthday:		Age:	
School Level:		School Name:			
Address:					
Language:		Nationality:			
Interests:					
Evaluation:					

## PARENTS' INFORMATION

Mother's Name:		Tel:		
Occupation:		Office Address:		
Father's Name:		Tel:		
Occupation:		Office Address:		

### Authorization For Pick Up

I authorized \_\_\_\_\_, my \_\_\_\_\_ to pick up my son/daughter \_\_\_\_\_ from **Kid's Home Preschool** on behalf of my absence. I understood the full responsibility with regard to this matter. I hereby affix my signature to signify that this information is true and valid.

\_\_\_\_\_  
Signature over printed name

