

Family Information

Name of Father: _____ Occupation: _____

Mobile: _____ Work: _____

Contact Email: _____

Name of Mother: _____ Occupation: _____

Mobile: _____ Work: _____

Contact Email: _____

Name of Guardian: _____ Occupation: _____

Mobile: _____ Work: _____

Contact Email: _____

Parents' Marital Status: Married Divorced Single Widowed

Child lives with:

Father Mother Both Other: _____

Siblings:

1. Name: _____ Age: _____ Relationship: _____

School Attending: _____

2. Name: _____ Age: _____ Relationship: _____

School Attending: _____

3. Name: _____ Age: _____ Relationship: _____

School Attending: _____

Child background Information

Has your child been labeled or diagnosed with any disorder? If yes, please specify.

Any Special Needs Classes your child is attending?

- o Speech & Languages
- o Occupational Therapy
- o Others: _____

What are your child's modes of communication? Vocalizations, signs, pictures, etc. Please specify.

Does your child have any behavioural challenges? What triggers these behaviours? Eg. Self-injury, aggression, stereotypical, etc.

Other background Information

What are your child's strengths and interests?

Does your child have any dietary plans? Please specify.

Does your child have any medical or physical concerns that require medication?

Other information that you would like to share with us.

Please complete all sections on this application form and submit this form along with the following items and post or deliver it to 5th Floor, Skyway Centre, 23-25 Queen's Road West, Sheung Wan, Hong Kong.

- A fully completed application form with photo
- A copy of the child's Hong Kong identity card or passport
- Copies of both parents' or guardians' Hong Kong identity cards or passports
- Child's latest psychologist report or specialist assessment (must be within 6 months)
- Child's school reports for the past 2 years (if applicable)
- Non-refundable processing fee of HK\$1,000. Please write a cheque payable to "Encompass Academy Ltd."

Note: Inaccurate information or incomplete application may result in revocation of admission.

I hereby acknowledge that all information is true and correct.

Signature of Parents or Guardians

Date

Print name

Office use only:	
Application received on: _____	Starting date: _____
Processing fee received on: _____	Ref.: _____