

MAKATI HOPE CHRISTIAN SCHOOL

Harmony * Excellence * Integrity * Resilience * Stewardship

2312 Don Chino Roces Avenue Extension Magallanes, Makati City

Tel. No. 817-1111 / 758-2146 / 758-2150 / 817-8724 / 892-4869



REGISTRAR'S OFFICE 注册办公室

School Year 学年 _____

I _____ do hereby affirm and acknowledge that I have been fully informed about the enrollment conditions for new students. Thus, I shall ensure that my child, _____ abide by the academic and discipline policies set by the school. I also understand that my child's failure to comply with the school policies will result in his/her non-admission to Makati Hope Christian School next school year.

我 _____ 在此确认已经理解新学生的入学条件。因此，我将确保我的孩子遵守学校制定的学术和纪律政策。我了解当孩子未能遵守学校的政策，将导致不能在下一个学年在马加智嘉南学校入学。

Parent's Signature Over Printed Name

家长签名日期

Date

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