MAKATI HOPE CHRISTIAN SCHOOL

Parent's Signature Over Printed Name

家长签名日期

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



Date

REGISTRAR'S OFFICE 注册办公室

School Year 学年 _____

I	c	lo hereby affirm and acknowledg	ge that I have been fully
informed about th	e enrollment conditions f	or new students. Thus, I shall	I ensure that my child,
	abide by the	academic and discipline policies	set by the school. I also
understand that n	ny child's failure to comp	oly with the school policies wil	I result in his/her non-
admission to Maka	ti Hope Christian School n	ext school year.	
我	在此确认已经理	2解新学生的入学条件。因此,我将码	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耳	马加智嘉南学校入学。
Parent's Signature C	over Printed Name		 Date
家长签名日期	ver i filled Name		Date
2312 Don Chino Roces Av	IAN SCHOOL egrity * Resilience * Stewardship enue Extension Magallanes, Makati (46 / 758-2150 / 817-8724 / 892-4869		馬加智 P P P P P P R SINCE 1985
	REGISTRAR	R'S OFFICE 注册办公室	ATIC
School Year 学年		() () () () () () () () () ()	
	e enrollment conditions f	reby affirm and acknowledge for new students. Thus, I shall academic and discipline policies	l ensure that my child,
understand that n		oly with the school policies wil	
admission to Maka	ti Hope Christian School n	ext school year.	
我			确保我的孩子遵守学校制定
]政策,将导致不能在下一个学年在1	