

# LIST OF ADMISSION FILES

## DANH MỤC HỒ SƠ NHẬP HỌC

STUDENT'S FULLNAME | HỌ TÊN HỌC SINH: .....

GRADE | LỚP: .....

	Check ✓
<b>01 Birth certificate</b> Bản sao giấy khai sinh hợp lệ	
<b>02 Passport</b> Hộ chiếu (Dành cho phụ huynh nước ngoài)	
<b>03 A notarized copy of family record book</b> Bản sao hộ khẩu có công chứng	
<b>04 Medical report</b> Phiếu khám sức khỏe	
<b>05 1 Photo 4x6 cm</b> 01 tấm hình 4x6 cm	
<b>06 Application Form</b> Đơn đăng ký nhập học	
<b>07 Psychological information (For Early Years Students)</b> Phiếu đặc điểm tâm lý trẻ (Dành cho Mầm non)	
<b>08 Student's school report</b> Học bạ	
<b>09 Certificate of Primary school completion (for Grade 6 students)</b> Giấy chứng nhận hoàn thành cấp Tiểu học (đối với học sinh lớp 6)	
<b>10 Certificate of Secondary school completion (for Grade 9 students)</b> Giấy chứng nhận hoàn thành cấp Trung học cơ sở (đối với học sinh lớp 9)	
<b>11 Letter of transferring school</b> Giấy giới thiệu chuyển trường (đối với học sinh lớp 9)	
<b>12 Tuition policy</b> Quy định học phí	
<b>13 Shuttle service form</b> Mẫu đơn ủy quyền	

Parent's signature  
Chữ ký phụ huynh

Admission staff's signature  
Chữ ký NV tuyển sinh

Fullname | Họ & Tên .....

Fullname | Họ & Tên .....

Date | Ngày .....

Date | Ngày .....

# APPLICATION FORM FOR ADMISSIONS

## 1. STUDENT DETAILS

Family Name: ..... Middle Name: ..... First Name: .....

Preferred Name: .....

Nationality: .....

Date of Birth: ..... Gender:  Male  Female

First Language: .....

Second Language: .....

Student email (if Secondary): .....

Names and ages of any siblings currently attending Tesla: .....

Has the child applied or attended this school previously?  Yes  No

Will your child be living at home with?  Parents  Guardians/Relatives

## 2. FAMILY DETAILS

Mother's Family Name: ..... First Name: .....

Nationality: ..... First Language: .....

Mothers Mobile Number: ..... Mothers Email Address: .....

Father's Family Name: ..... First Name: .....

Nationality: ..... First Language: .....

Fathers Mobile Number: ..... Fathers Email Address: .....

Address: .....

If the applicant will be living with guardians, please complete the guardian information below:

Guardian 1 Family Name: ..... Guardian 1 First Name: .....

Nationality: ..... First Language: .....

Guardian 1 Mobile Number: ..... Guardian 1 Email: .....

Guardian 2 Family Name: ..... Guardian 2 First Name: .....

Nationality: ..... First Language: .....

Guardian 2 Mobile Number: ..... Guardian 2 Email: .....

Address: .....

3. SCHOOL HISTORY OF APPLICANT (At what age did the child start formal schooling?)

Please list the last 2 schools attended and attach copies of recent reports and transcripts. If Grade 6 and above and the report is not already in English please get a Notary or Company English translation done and submit a copy of the Vietnamese Report and the stamped English translated report also. These documents need to have either a Notary or Company English translation with Stamp. The admissions process is unable to proceed without this.

1. School Name: ..... Language of instruction: .....  
Address of school: .....  
Dates attended: From (Month & Year): ..... To (Month & Year): ..... Year/Grade: .....  
What month did the academic year begin: .....

2. School Name: ..... Language of instruction: .....  
Address of school: .....  
Dates attended: From (Month & Year): ..... To (Month & Year): .....

Please indicate the last grade/class completed in full: ..... Date of completion (DD/MM/YY): .....  
Type of curriculum (Vietnam National, System Bilingual, English medium) .....

Please list the child's particular interests/talents or school activities in which they have been involved  
Has the child ever been suspended or requested to withdraw from a school?  Yes  No  
If yes, please explain: .....

If not a native English speaker, has the child had instruction or experience in English?  Yes  No  
If yes, in what situation: ..... For how long: .....

Please tick the child's level of proficiency in English:  Beginner  Intermediate  Advanced  
What language(s) do you speak at home? .....  
What other languages does your child speak? .....

Has the child's educational program ever been modified for any of the following reasons  
Behavioral:  Yes  No Academic:  Yes  No Gifted/Talented:  Yes  No  
If yes, please explain: .....

Does the child currently receive any Special Education Assistance:  Yes  No  
If yes, please explain: .....

Has the child ever been tested by a Learning Specialist or Psychologist?  Yes  No  
If yes, please explain and attach past and current records .....  
Does the child have any medical or physical disabilities?  Yes  No  
If this information has not been provided above, please explain .....

#### 4. PARENT EMPLOYMENT INFORMATION

Name of Company/Organization: .....  
Name of Employee: .....  
Company Position: .....  
Work Phone: ..... Work Email: .....

#### 5. ADMISSIONS INFORMATION

Preference for Year/Grade placement: .....  
Expected date of enrollment (DD/MM/YY): .....  
Expected Length of stay if known: ..... Possible date of withdrawal (MM/YY): .....

#### 6. TUITION FEE INFORMATION

Fee Payment :  by Parent  by Company  Both (Parent(%) ..... Company (%) .....

Billing Name: (If different from the parent or the Company Name above): .....

Billing Email Contact: .....

Parents are ultimately responsible for the payment of school fees; regardless of any arrangement that parents have with their employers. For further information or discussion, please contact: [accounting@tesla.edu.vn](mailto:accounting@tesla.edu.vn)

#### 7. REQUIRED DOCUMENTATION FOR ADMISSION

1. Application Form
2. Copy of child's ID, Birth Certificate or Passport
3. Submit a recent passport size photograph or send to Admissions email as a pdf file, white background, good resolution.
4. The last two school reports received from the current school. Transcript if Grade 9 & above. If not in English a Notary or Company English translation with Stamp is required
5. Completed Tesla Medical Report with all School Required vaccinations completed and entered into the Report

#### 8. IMPORTANT NOTES

1. Applications Forms should be submitted as early as spaces are generally limited
2. The Application Form is unable to be processed until the school first receives the payment of a one time, non-refundable application fee
3. Supporting documentation listed above may be submitted separately after completing and submitting the application form.

## 9. AGREEMENT BETWEEN THE SCHOOL & PARENTS/GUARDIANS

To the Head of School

I/we desire to enroll

Family Name: ..... First/Given Name: ..... Middle Name: .....

As a student at Tesla, if this application is successful, I/we hereby agree to the following conditions of enrolment.

1. I/we agree to understand, accept and support the Philosophy and Mission of the school and be bound by the rules governing the school, the authority of the Head of School and the Board of Management of the school.
2. I/we agree to provide all requested academic documentation to Tesla for enrolment purposes and to connect the Tesla Principal or Counsellor to the current/previous school to provide further information if deemed a requirement.
3. I/we agree that the school reserves the right, following admission to discontinue the enrolment of a student at any time if it becomes evident that the school was misinformed regarding any application documentation or if it becomes evident that the school does not have the resources to address successfully the individual needs of that student.
4. I/we have read and fully understood the terms and conditions listed in the Fee Schedule for the current academic year. I/we agree that for the payment of fees, we are jointly (together) and severally (alone), liable, regardless of whether a letter from a company or organization is provided clearly accepting it's full liability of fee payments.
5. I/we agree to pay all fees as detailed on the fee invoices and I/we understand that the non-payment on or before the requested date excludes the student from attending Tesla. It is our obligation to ensure the fees due are paid on time.
6. I/we agree to accept and be bound by the rules governing health and medical requirements for the safety of all students and faculty at the school. It is our obligation to ensure that evidence of required medical examinations, along with evidence of required immunizations are provided to the school within the stipulated period. I/we understand and accept that students may be required to undergo further medical emergency and/or safety precautionary measures during times of disease outbreak or where medical investigative measures are deemed necessary by school policy or the Head of School.
7. I/we agree that the School has a position of "loco parentis" and as such the teacher can exercise on behalf of parents, such discipline they regard as necessary or expedient for the student in accordance with the guidelines set down in the school's discipline policy.
8. I/we agree the School may at it's discretion, suspend or terminate a student's enrolment for failure to comply with the conditions of this Agreement, as well as for other serious breaches of the school's rules and regulations.
9. I/we agree for all reports, references, letters of recommendation and other supporting documentation submitted to the Admissions Department in support of an application to Tesla shall, upon receipt, become the property of the school and be treated as strictly confidential. The school has the sole discretion in determining whether to disclose, allow access, provide a copy or to return such information to any party who may request such information.
10. I/we agree that the school is not liable for any loss or damage to the student's personal belongings.
11. I/we agree to allow my/our children to involve themselves in all of the school's activities, including the excursions/field trips arranged by the school.

10. AGREEMENT BETWEEN THE SCHOOL & PARENTS/GUARDIANS

- 11. I/we agree that in the case of an emergency, the school is permitted to give appropriate medical attention and/or treatment.
- 12. I/we agree that student photographs, images and recordings can be used for marketing materials.
- 13. I/we do hereby undertake to indemnify and save harmless the school, management and staff in respect of any liability arising in consequence hereof and further undertake to obtain insurance cover for our said child and when necessary and in particular in respect of travel and official school activities, against all risks.
- 14. I/we understand and agree to comply with Tesla technology usage policy.
- 15. I/we agree to read and follow the regulations and guidelines of the Tesla Parent & Student Handbook.

Signature of Parent: ..... Date:.....

### 1. STUDENT'S DETAILS | THÔNG TIN HỌC SINH

Student's full name | Họ tên học sinh: .....

Date of birth | Ngày tháng năm sinh: ..... Gender | Giới tính:  Male | Nam  Female | Nữ

Place of birth | Nơi sinh: ..... Nationality | Quốc tịch: .....

Ethnic origin | Dân tộc: ..... Religion | Tôn giáo: .....

Home address | Địa chỉ thường trú: .....

Mailing address | Địa chỉ liên hệ: .....

Mobile number | Số điện thoại: .....

### 2. PARENTS'S DETAILS | THÔNG TIN PHỤ HUYNH

Father's fullname | Họ tên bố: .....

Year of birth | Năm sinh: ..... Nationality | Quốc tịch: .....

Occupation | Nghề nghiệp: ..... Education level | Trình độ văn hoá: .....

Mobile phone number | Số điện thoại: ..... Email | Thư điện tử: .....

Mother's fullname | Họ tên mẹ: .....

Year of birth | Năm sinh: ..... Nationality | Quốc tịch: .....

Occupation | Nghề nghiệp: ..... Education level | Trình độ văn hoá: .....

Mobile phone number | Số điện thoại: ..... Email | Thư điện tử: .....

Number of child | Số người con: .....

After school time, who interacts the most with your child?  
Khi đi học về trẻ tương tác với ai trong gia đình nhiều nhất?

How much time on average do you spend with your child after work?  
Trung bình bao nhiêu giờ/ngày bố/mẹ dành thời gian tiếp xúc với trẻ sau giờ làm?

Does your child normally/usually share his/her troubles with family members?  
Trẻ con thường chia sẻ những vấn đề trên lớp học với gia đình không?

Do you usually go on business trips? | Bố/mẹ có thường xuyên đi công tác không?

### 3. EMERGENCY CONTACT | LIÊN LẠC KHẨN

Please provide the information of guardians who can be contacted if you cannot be reached.

Vui lòng cung cấp thông tin những người có thể liên lạc trong trường hợp không liên lạc được với phụ huynh

Full name   Họ & tên	Relationship   Mối quan hệ	Mobile phone   Điện thoại
.....	.....	.....
.....	.....	.....
.....	.....	.....

#### 4. PSYCHOLOGICAL INFORMATION | ĐẶC ĐIỂM TÂM LÝ

When does your child usually eat in day? | Trẻ thường ăn vào lúc nào trong ngày?.....

- Easy to eat | Dễ ăn                       Difficult to eat | Khó khăn

What is your child favorite foods? | Trẻ thích ăn món gì nhất?.....

What does your child not like to eat? | Trẻ không thích ăn món gì?.....

Does your child have any food allergies? | Trẻ có bị dị ứng với thức ăn không?     Yes | Có             No | Không  
If you answer "Yes", please provide details | Nếu câu trả lời là có, vui lòng cung cấp thêm thông tin

How does your child sleep? | Trẻ có dễ ngủ không?             Easy to sleep | Dễ                       Difficult to sleep | Khó ngủ

Does your child usually sleep during the day? | Trẻ có thường ngủ ngày không?     Yes | Có             No | Không

What is your child interested in? | Sở thích hay mối quan tâm của trẻ là gì?.....

What language(s) does your child use at home? | Ngôn ngữ nào bé đang sử dụng ở nhà?.....

#### 5. EDUCATION EXPERIENCE | KINH NGHIỆM NUÔI DẠY TRẺ CỦA PHỤ HUYNH

- Reading parenting magazine | Đọc các loại sách báo nuôi dạy trẻ  
 Usually | Thường xuyên             Rarely | Hiếm khi             Never | Không bao giờ
- Parenting based on experience | Nuôi con theo kinh nghiệm  
 Traditional experience | Kinh nghiệm dân gian             Books | Từ sách báo

#### 6. DOES YOUR CHILD EXPRESS HIMSELF/HERSELF EASILY? | TRẺ KHI THỂ HIỆN BẢN THÂN CÓ DỄ DÀNG KHÔNG?

- Yes | Có             No | Không

What do you do when your child have good expressions? | Cha/mẹ làm gì khi con có biểu hiện tốt?

How does your child express positive feelings and emotions?

Con của anh/chị thể hiện các cảm xúc tích cực thế nào?

.....  
2

.....  
3

.....  
4

What do you do when your child have bad expressions? | Cha mẹ làm gì khi con có biểu hiện không tốt?

How does your child express negative feelings and emotions?

Con của anh/chị thể hiện các cảm xúc tiêu cực thế nào?

.....  
4

.....  
4

.....  
4

How does your child socialise with others? | Con của anh/chị giao tiếp với người lạ như thế nào?

- Enjoys meeting other children and finds it easy to socialise.  
Thích chơi cùng với các bạn đồng trang lứa và dễ dàng khi giao tiếp cùng.
- Enjoys meeting other children but finds it difficult to socialise at first.  
Thích chơi cùng với các bạn đồng trang lứa và gặp khó khăn khi mới bắt đầu giao tiếp cùng.
- Struggles to socialise and needs help from adults to meet other children but then interacts well.  
Phản kháng lại việc giao tiếp xã hội và cần sự giúp đỡ của người lớn khi chơi cùng các bạn khác và có sự tương tác tốt.
- Struggles to socialise, needs help from adults, but still find it difficult to interval/interact with others.  
Phản kháng lại việc giao tiếp xã hội, cần sự giúp đỡ của người lớn nhưng vẫn gặp khó khăn trong tương tác với người khác.



7. EDUCATION PERSPECTIVE IN FAMILY | CÁC QUAN ĐIỂM GIÁO DỤC TRONG GIA ĐÌNH

Unified | Thống nhất       Conflict | Không thống nhất

Has your child been acquainted with school time table?

Trẻ có làm quen được với lịch sinh hoạt của nhà trường không?

Yes | Có       No | Không

Can your child adapt to school activities? | Trẻ có thích nghi được các hoạt động ở nhà trường không?

Yes | Có       No | Không

How can you help your child adapt quickly to Tesla?

Anh/chị sẽ làm gì để giúp trẻ nhanh chóng hoà nhập với sinh hoạt của Tesla?

Has your child ever received any additional learning support in school?

Trẻ đã từng cần đến các dịch vụ hỗ trợ đặc biệt ở trường không?

Yes | Có       No | Không

If yes, please provide details including previous reports and/or assessments.

Nếu câu trả lời là có, vui lòng cung cấp thêm chi tiết về các báo cáo hoặc bản đánh giá trước đây.

Father's signature  
Chữ kí Bố

Mother's signature  
Chữ kí Mẹ

Guardian's signature  
Chữ kí Người Giám hộ

Full name | Họ & Tên

Full name | Họ & Tên

Full name | Họ & Tên

Date | Ngày

Date | Ngày

Date | Ngày

# MEDICAL EXAMINATION FORM

- This form is required for all applications to Tesla and must be signed by a parent before a student attends classes or participates in any activities.
- This form must be completed no earlier than six months prior to the start of school. Please see the accompanying information sheet for a list of recommended clinics in HCMC or you can go to your Doctor/Clinic as long as it is a Registered Clinic.
- Tesla reserves the right to withhold a student from classes until this form is completed in full and returned to the admissions office.

Student name: .....

Family name: ..... First/Given name: ..... Middle name: .....

Date Of Birth: ..... Gender:  Male  Female

## 1. TO BE FILLED OUT AND SIGNED BY PARENTS

### Parent 1/Guardian Contact

Name: ..... Phone: .....

Relationship to child: ..... Email: .....

### Parent 2/Guardian Contact

Name: ..... Phone: .....

Relationship to child: ..... Email: .....

Local doctor or health care provider in HCMC: ..... Phone: .....

### EMERGENCY CONTACT

Name (Not parent): .....

Relationship to child: ..... Phone: .....

Medical Insurance  Yes  No Name of Provider: .....

Phone: ..... Insurance number: .....

If the student requires medication to be given during school hours, please complete a Request to Administer Form. All medications along with the form must be submitted to the school clinic. Medications need to be in the original pharmacy/doctor's containers and marked with the students' name, name of drug, dosage, schedule and instructions. Students are not permitted to carry any medication in their personal belongings while at school.

If the student has a medical diagnosis requiring the nurse's attention, please contact the school to set up an appointment to meet with the School Health Center prior to the student's commencement at Tesla.

You are able to use your own Doctor, rather than recommended Clinics, however to please ensure that they are a registered Clinic to sign and stamp. Take the immunization record to the doctor appointment and ask them to transfer the record to our form.

If no immunization records are available, please provide results of essential blood tests: Hep A, Hep B, MMR

Permissions to administer Paracetamol  Yes  No

Emergency Treatment Authorization: In the event of an emergency, when immediate observation or treatment is deemed necessary in the judgement of the school Health Center staff, I authorize and direct the school authorities to send my child to the medical facility most readily available. If an ambulance is required, this will be at the parent's expense

Parent/Guardian Signature: ..... Date: .....

**2. TO BE FILLED OUT BY A DOCTOR'S**

Students name:.....

Family name:..... First/Given name:..... Middle name:.....

**HEALTH HISTORY**

ALLERGIES:.....

RELIGIOUS FOOD RESTRICTIONS:.....

Has the student experienced any of the following in the Past? Please mark "X" to indicate Yes or No?

	Yes	No
Asthma		
Chronic/recurrent illness		
Hospitalizations/surgery		
Other (ADHD, Autism, etc)		
Injury treated by physician		
Congenital abnormality		
Heat Exhaustion/stroke		
Dizziness/fainting/headaches		
Concussion		
Eyes: related conditions/Wears glasses/contacts		
Dental caps/bridges/braces/plates/decay		
Cardiac abnormalities/heart/murmurs		
Problems with bladder/kidneys		
Skin conditions/Eczema		
Skeletal (fractures, dislocations/sprains/scoliosis)		

Height:..... Weight:..... B/P:..... Heart Rate:.....

Current Medications	Dosage	Purpose

	Normal	Abnormal
Head		
ENT		
Chest		
Abdomen		

**SUMMARY:** If you answered Yes to any of the above, please provide details:

.....  
 .....  
 .....

PE Participation Approved?

Yes  No

Competitive Sports Participation Approved?

Yes  No

## IMMUNIZATION HISTORY

Photocopies of records must be submitted or parents/doctor to transcribe each vaccine below

SCHOOL REQUIRED	Date	Date	Date	Date	Date	Remarks
DPT (Diptheria, Pertussis, Tetanus)						
Polio						
Measles						
Mumps						
Rubella						
Hepatitis A						
Hepatitis B						
Haemophilus Influenzae (Hib)						
Chicken Pox (Varicella)						

RECOMMENDED FOR VIETNAM	Date	Date	Date	Date	Date	Remarks
Rabies						
BC (TB)						
Typhoid						
HPV						
Japanese Encephalitis						
Meningococcal						
Pneumococcal						

## LOST IMMUNIZATION RECORDS

Providing evidence of your child's immunizations is part of the required documentation to enter Tesla. If you have lost/misplaced your child's Immunization Records, please provide this letter to the Doctor when having the Medical Check-Up:

Dear Parents & Doctor,

If the applicant does not have Immunization Records for you to check in regards to our mandatory immunizations, please ensure the following pathology tests and titers are done and the results are submitted to us.

Hepatitis A and B titers, MMR titer (HG IgG), and PPD or Mantoux skin test for TB.

There is no test for HIB, Polio or DTP. HIB vaccination cannot be given to children over the age of five.

The results of these tests need to be provided to the school with the completed Medical Form.

Sincerely,

Clinic Nurse

TESLA

School Healthcare Center Email: [healthcare@tesla.edu.vn](mailto:healthcare@tesla.edu.vn). Phone: (028) 7307 9889 Ext: 130

Please sign below to confirm that the student's Immunization Records, essential blood tests have been done and results provided.

Doctor Signature: .....

Doctor Name: ..... Date: .....

### 3. RECOMMENDED CLINICS FOR TESLA HEALTH CHECK-UP

Note: Parents or Guardians need to accompany the student while doing the check-up. Please call to make an appointment.

#### FAMILY MEDICAL PRACTICE

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34 Le Duan Street, District 1, HCMC Vietnam  
Email: [information@vietnammedicalpractice.com](mailto:information@vietnammedicalpractice.com)  
Phone: (028)38227848

The Manor 1, 91 Nguyen Huu Canh Street, Binh Thanh District, HCMC, Vietnam  
Email: [care1\\_reception@vietnammedicalpractice.com](mailto:care1_reception@vietnammedicalpractice.com)  
Phone: (028) 35140757

95 Thao Dien Street, District 2, HCMC Vietnam  
Email: [d2.reception@vietnammedicalpractice.com](mailto:d2.reception@vietnammedicalpractice.com)  
Phone: (028) 374420000

River Park Premier, Block C, 41 Dang Duc Thuat, Tan Phong, District 7, HCMC, Vietnam  
Phone: (028) 54484544

#### COLUMBIA ASIA HOSPITAL

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8 Alexandre de Rhodes, Ben Nghe, Dis 1, HCMC, Vietnam  
Email: [customercare.sg@columbiaasia.com](mailto:customercare.sg@columbiaasia.com)  
Phone: (028) 38238888

Duong 22 thang 12, Khu Pho Hoa Lan 1, Thuan Giao, Thuan An, Binh Duong, Vietnam  
Email: [customercare.binhduong@columbiaasia.com](mailto:customercare.binhduong@columbiaasia.com)  
Phone: (027) 43819933

#### VICTORIA HEALTHCARE VIETNAM

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37-39 Luong Dinh Cua, Binh An Ward, District 2, HCMC, Vietnam  
Phone: (028) 39104545

20-20Bis – 22 Dinh Tien Hoang, Da Kao, District 1, HCMC, Vietnam  
Phone: (028) 39104545

1056 Nguyen van Linh, Sky Garden 1, Phu My Hung, District 7, HCMC, Vietnam  
Phone: (028) 39104545

#### FRANCO VIETNAM HOSPITAL

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6 Nguyen Luong Bang St, Saigon South (Phu My Hung), District 7, HCMC, Vietnam  
Email: [information@fvhospital.com](mailto:information@fvhospital.com)  
Phone: (028) 54113333

#### VINMEC CENTRAL PARK INTERNATIONAL HOSPITAL

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208 Nguyen Huu Canh Street, Binh Thanh District, HCMC, Vietnam  
Phone: (028) 36621166

# SHUTTLE SERVICE FORM

## Mẫu đơn ủy quyền

### 01. STUDENT'S DETAILS. THÔNG TIN HỌC SINH

**Student's name.** Họ tên học sinh ..... **Date of birth.** Ngày tháng năm sinh .....

.....

**Class.** Lớp ..... **Home address.** Địa chỉ thường trú .....

.....

**Teacher.** Giáo viên ..... .....

.....

### 02. PARENTS'S PICK UP DETAILS. THÔNG TIN PHỤ HUYNH ĐƯA ĐÓN

**Fullname.** Họ tên ..... **Fullname.** Họ tên .....

.....

**Relationship.** Mối quan hệ ..... **Relationship.** Mối quan hệ .....

.....

**Year of birth.** Năm sinh ..... **Year of birth.** Năm sinh .....

.....

**ID card number.** Số CMND ..... **ID card number.** Số CMND .....

.....

**Emergency contact.** Số điện thoại khẩn ..... **Emergency contact.** Số điện thoại khẩn .....

.....

**Fullname.** Họ tên .....

**Relationship.** Mối quan hệ .....

**Year of birth.** Năm sinh .....

**ID card number.** Số CMND .....

**Emergency contact.** Số điện thoại khẩn .....

**Parents are requested to submit: 01 photo to the Admissions department or email:**

***admission@tesla.edu.vn***

Yêu cầu phụ huynh đưa đón bé nộp: 01 hình thẻ tới Phòng tuyển sinh hoặc qua email:

*admission@tesla.edu.vn*

