



STUDENT APPLICATION FORM

STUDENT PARTICULARS

| | | | | | |
|-----------------------------------|-------------|----------------------|-----------------|-------------------------------|------------------------------|
| Name (as per IC/Passport): _____ | | Date of Birth: _____ | | Age: _____ | Boy <input type="checkbox"/> |
| Nationality: _____ | Race: _____ | | Religion: _____ | Girl <input type="checkbox"/> | |
| Birth Cert/IC/Passport No.: _____ | | Home Address: _____ | | | |
| City: _____ | | State: _____ | | | |
| | | Postcode: _____ | | | |

EDUCATION INFORMATION

| | | | | |
|---|---------|--------------------------|-----------|--------------------------|
| Previous School: | _____ | | | |
| Level Studied: | _____ | | | |
| Applying for: <small>(Please tick the appropriate boxes)</small> | Primary | | Secondary | |
| | Y1 | <input type="checkbox"/> | Y7 | <input type="checkbox"/> |
| | Y2 | <input type="checkbox"/> | Y8 | <input type="checkbox"/> |
| | Y3 | <input type="checkbox"/> | Y9 | <input type="checkbox"/> |
| | Y4 | <input type="checkbox"/> | Y10 | <input type="checkbox"/> |
| | Y5 | <input type="checkbox"/> | Y11 | <input type="checkbox"/> |
| | Y6 | <input type="checkbox"/> | Y12 | <input type="checkbox"/> |

FAMILY INFORMATION

| ITEM | FATHER | MOTHER | GUARDIAN |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Name | | | |
| Nationality | | | |
| IC/Passport No. | | | |
| Religion | | | |
| Email | | | |
| Contact No. | | | |
| Mobile | | | |
| Home | | | |
| Office | | | |
| Occupation | | | |
| Name of Company | | | |
| EMERGENCY CONTACT (Please tick) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Others: | _____ | | |

HEALTH & MEDICAL INFORMATION

| PARTICULARS <small>(Please circle where applicable)</small> | REMARKS |
|---|---------|
| Allergies YES / NO | |
| Asthma YES / NO | |
| Does your child has any learning difficulty? Yes/No. If Yes, please circle: Slow learner/Dyslexia/Dyspraxia/ADHD/Others | |

| | |
|-----------------------|----------|
| Date of Registration: | _____ |
| Date of Commencement: | _____ |
| Fees paid: | RM _____ |
| Receipt No: | _____ |
| Handled by: | _____ |

NB: Fees paid are non-refundable or transferable

Signature of Parent / Guardian

Date: _____

- Please attach:
1. 1 copy of birth cert
 2. 2 copies of passport size photos
 3. 1 copy of the leaving certificate of previous school + latest result