



# STUDENT APPLICATION

Student Number : ..... Boarding :  Not required  7 Days  5 Days  
Level applied for : Year ..... Transportation :  Not required  Required

## SECTION A : STUDENT DETAILS

Name (as in Birth Certificate) : \_\_\_\_\_  
Other Name(s) : \_\_\_\_\_  
Birth Cert/MyKad/Passport : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Gender :  Male  Female Religion : \_\_\_\_\_  
Nationality : \_\_\_\_\_ Race/Ethnicity : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Contact No. : Tel \_\_\_\_\_ Mobile \_\_\_\_\_  
Residential Address : \_\_\_\_\_  
Postcode \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Language(s) Spoken : \_\_\_\_\_  
Other Language(s) Spoken : \_\_\_\_\_



## APPLICATION CHECK LIST

- Malaysian Student**
- Student's passport-size photograph (4 copy)
  - Student's birth certificate (1 copy)
  - A copy of the past year full school report and any other academic records from the last 3 years.
  - Student's Identity Card/MyKid (1 copy)
  - Father's identity card (1 copy)
  - Mother's identity card (1 copy)
  - Application Fee (non-refundable) as per Fee Schedule
  - Father's Passport-size photograph (2 copy)
  - Mother's Passport-size photograph (2 copy)

- International Student**
- Student's passport-size photograph (4 copies)
  - Student's birth certificate (Translated copy & endorsed by Embassy)
  - A copy of the past year full school report and any other academic records from the last 3 years.
  - Student's passport & latest visa page (1 copy)
  - Father's passport & Passport-size photograph (1 copy)
  - Mother's passport & Passport-size phot (1 copy)
  - Parent's marriage certificate/divorce certificate (Translated copy & endorsed by Embassy)
  - Application Fee (non-refundable) as per Fee Schedule

## FOR OFFICE USE ONLY

Term Applied for : _____	Year : _____
Admission Officer : _____	Date (dd/mm/yy) : _____
Principal : _____	Date (dd/mm/yy) : _____
Student Service & Admin : _____	Date (dd/mm/yy) : _____

## SECTION B : STUDENT'S EDUCATION DETAILS

Previous School	:	
Country	:	
Year / Grade / Level	:	
Reason for Leaving	:	

Does your child have any learning difficulties? Yes / No *(If yes, please provide details)*

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## SECTION C : PARENT'S / GUARDIAN'S DETAILS

**FATHER**     **STEPFATHER**    *Tick (/) one only*

Name (as in Birth Cert.)	:	_____
MyKad / Passport	:	_____
Nationality	:	_____
Designation / Occupation	:	_____
Name of Company	:	_____
Office Address	:	_____
Office Phone	:	_____
Mobile Phone	:	_____
Email Address	:	_____
Contact Priority	:	_____
Specimen Signature	:	_____

*Passport size  
photo here*

**MOTHER**     **STEPMOTHER**    *Tick (/) one only*

Name (as in Birth Cert.)	:	_____
MyKad / Passport	:	_____
Nationality	:	_____
Designation / Occupation	:	_____
Name of Company	:	_____
Office Address	:	_____
Office Phone	:	_____
Mobile Phone	:	_____
Email Address	:	_____
Contact Priority	:	_____
Specimen Signature	:	_____

*Passport size  
photo here*

**Guardian (if applicable)**

Name (as in Birth Cert.)	:	_____
MyKad / Passport	:	_____
Nationality	:	_____
Designation / Occupation	:	_____
Name of Company	:	_____
Office Address	:	_____
Office Phone	:	_____
Mobile Phone	:	_____
Email Address	:	_____
Contact Priority	:	_____
Specimen Signature	:	_____

*Passport size  
photo here*

## SECTION D : DETAILS OF SIBLINGS

No.	Name	Date of Birth	Gender	School	Level

## SECTION E : STUDENT'S MEDICAL AND HEALTH RECORD

Please complete this section accurately. If questions are not applicable, please indicate appropriately (i.e. N.A).

1. State any health or medical condition that requires the attention of the school

(e.g. Epilepsy, Asthma, Migraine, Allergies)

2. Does your child suffer from any major illness? Yes / No (if yes, please give more details)

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3. Does your child have any known disabilities? Yes / No (if yes, please give more details)

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4. Please complete below with regards to any prescription/medication your child is currently taking:

Medication Name:
Medication Dosage:
Diagnosis medication:

**Emergency Contact** (If parents are uncontactable)

Emergency Contact 1

Emergency Contact 2

Name:		
Relationship to child:		
Telephone (Home / Mobile):		
Telephone (Office):		

## OTHERS

### 1. Special Meal Requirement

a. Name any food that your child is allergic to (All allergies stated must be verified by a doctor and a report must be submitted to school)

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b. Does your child need special meal requirement? Yes / No (If yes, please give details)

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c. Reason for special meal requirement:  Health  Religion (thick one)

### 2. Logistics

a. Name of person(s) authorized to pick up child :



(maximum 2 persons)

*Affix current photo  
of authorized person  
to pick up child  
here*

*Affix current photo  
of authorized person  
to pick up child  
here*

b. Car registration number of person(s) authorized to pick up child:



c. Car brand & model

:



### 3. School Attire

a. Uniform size

b. T-shirt size

c. Shoe size

## SECTION F : PAYMENT DETAILS

Invoice is to billed to :  Father  Mother  Guardian  Others  
Billing Address :  Home  Work  Others (please give details)

**The following section is applicable, if payment is made by parents or guardian:**

Name: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Account number: \_\_\_\_\_

**The following section is applicable, if payment is NOT made by parents:**

Name of Company: \_\_\_\_\_  
Department in-charge: \_\_\_\_\_  
Email: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

**All monies refundable under the conditions governing enrolment and refundable deposits shall be made payable to:**

Name: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Account number: \_\_\_\_\_

### **Refund of Deposit Paid on Withdrawal of Student**

The deposit paid is only refundable on condition that the school receives one (1) full term's notice in writing BEFORE the term commences. The deposit will be paid on the student leaving the school. All deposits paid to the School shall under no circumstances be treated as payment of the school fees or any other fees or payment due to the School and shall not be used to set-off any other amounts due and payable by the parent.

### **Tuition Fee Refund Policy**

On condition that the student has attended school for one (1) full year, the tuition fee for the subsequent year, is refundable under the following circumstances :

- i) Prorated tuition fees for the term will be refund if the student attends school only for two (2) weeks or less with the school charging one (1) month full fees.
- ii) If attendance is for more than two (2) weeks then prorated terms fees will be refunded minus fees for a month.
- iii) If attendance is for one (1) month or more than there is no entitlement for a refund.

## FOR OFFICE USE ONLY

Application received on : \_\_\_\_\_  
Application received by : \_\_\_\_\_  
Signature : \_\_\_\_\_

### ASSESSMENT TEST

1st Assessment Date : \_\_\_\_\_

2nd Assessment Date : \_\_\_\_\_

Accepted :  Yes  No

Level : \_\_\_\_\_

Starting date : \_\_\_\_\_

Approved by : \_\_\_\_\_

Designation : \_\_\_\_\_

Required extra coaching in English :  Yes  No

Staff Name : \_\_\_\_\_

Date : \_\_\_\_\_