



STUDENT APPLICATION FORM

STUDENT PARTICULARS

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

EDUCATION INFORMATION

Previous School:	_____			
Level Studied:	_____			
Applying for: (Please tick the appropriate boxes)	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 (Please circle where applicable)	REMARKS
Allergies YES / NO	
Asthma YES / NO	
Other health concerns, please state:	

For office use only:

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