

## APPLICATION FOR ADMISSION

### STUDENT'S PARTICULARS

Name : \_\_\_\_\_  
(as per IC / Passport)

Nationality : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

Race : \_\_\_\_\_ Gender (M/F) : \_\_\_\_\_ Religion : \_\_\_\_\_

IC / Passport No. : \_\_\_\_\_ **Contact No.** : \_\_\_\_\_

Birth Cert. No : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Home Address : \_\_\_\_\_ Postcode : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_

### PARENTS' PARTICULARS

Name of Father : \_\_\_\_\_

New IC / Passport No. : \_\_\_\_\_ Occupation : \_\_\_\_\_

Office Address : \_\_\_\_\_ Postcode : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_

**Contact No.** : \_\_\_\_\_ **Mobile No.** : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Name of Mother : \_\_\_\_\_

New IC / Passport No. : \_\_\_\_\_ Occupation : \_\_\_\_\_

Office Address : \_\_\_\_\_ Postcode : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_

**Contact No.** : \_\_\_\_\_ **Mobile No.** : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

### HEALTH DETAILS

Any health or medical conditions that require the attention of the School or Class Teacher?

Please give full particulars below:

Name of Physician : \_\_\_\_\_ Tel. No. : \_\_\_\_\_

Address : \_\_\_\_\_

Child's Blood Group : \_\_\_\_\_ Allergies : \_\_\_\_\_

**EMERGENCY**

Person to contact in case of emergency (other than parents; eg. grandparent, neighbour, relative, etc.):

Name : \_\_\_\_\_  
Relationship : \_\_\_\_\_  
New IC / Passport No. : \_\_\_\_\_ Occupation : \_\_\_\_\_  
Home / Office Address : \_\_\_\_\_ Postcode : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_  
Contact No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
E-mail Address : \_\_\_\_\_

**Note:** In the event of any medical emergency and if the Kindergarten is unable, for whatsoever reason, to contact the parents of the student or whilst waiting the arrival of parents or the medical practitioner of the parent’s choice, the Kindergarten is hereby authorized to seek medical attention for the student from the nearest available qualified medical practitioner or hospital. The Kindergarten and its staff shall not be responsible for whatsoever medical treatment administered to the student by such medical practitioner or hospital.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

**TERMS & CONDITIONS**

1. Registration and school fees are non-refundable and non-transferable.
2. Security deposit is refundable upon giving SIX months’ prior written notice, subject to terms and conditions stipulated.
3. An administrative fee of RM100 will be charged should withdrawal be done before the commencement of school.
4. Sibling discount (10%) is only applicable to Tuition Fee of equal or lower value.

I hereby acknowledge that all particulars mentioned in this form are correct and accurate, and will adhere to the terms and conditions stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

**REGISTRATION**

**FOR OFFICE USE ONLY**

- Photocopied Birth Certificate
- 4 Passport Photographs

Class : \_\_\_\_\_ Date : \_\_\_\_\_  
Payments : \_\_\_\_\_ Receipt No. : \_\_\_\_\_

**Note:** All cheques or bank drafts must be crossed and made payable to **REAL Education Group Sdn Bhd**