

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**