

SRI AYESHA 2017



الممارسة الإسلامية ع.أ.ب.ش.ة
SRI AYESHA
S C H O O L

For office use only:

Interview date: ____/____/____

Registration fee paid (RM250): _____

Room: _____ MT: _____ R: _____

Please check: ✓

Application for admission:

Secondary Form: ____ Primary Std: ____

KG Full Day ____ KG Half-Day ____

Child's Information - Required:

Full name: _____ Nickname: _____

Male: ____ Female: ____ Date of birth: ____/____/____ Age: ____ Place of birth: _____

Mykad no : _____ - _____ - _____ Birth Certificate no : _____ Nationality: _____

Address : _____

Emergency Contact Person (Name & Who): _____ Hp : _____

Previous school name and address: _____

Parents' information - Required:

	Mother	Father
Full Name:		
Mykad No:		
Occupation:		
Employer name & address:		
Office Tel:		
Hand phone:		
Email:		

Health information:

Allergies: _____

Restriction: _____

General Statements of child's health:

Please describe your child's personality:

Interest:

___ Self-defense / Swimming ___ Drawing ___ Music / Nasyid ___ Writing ___ Books ___ Debates ___ Robotic ___ Computer ___ Photograph

Where did you hear about SRI AYESHA? ___ Friend; ___ Research; ___ Internet; ___ in the news; Other: _____

Signature of parent / guardian

Name

____/____/____
Date

IMPORTANT: A one-time-non-refundable **Registration Fee of RM250** must accompany this form to confirm your real intent and interest. The enrolment approval shall be based on the normal producer including (but not limited to) the placement test, interviews and the space availability. Additional information may be required by the Ministry of Education and State's authorities.