

SRI AYESHA 2018



المدرسة الإسلامية ع.أ.بشنة
SRIAYESHA
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.