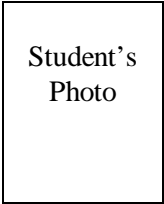


**INTERNATIONAL SCHOOL OF KUANTAN  
HOLIDAY PROGRAM  
A33, Jalan Tanjung Api, Padang Lalang, 25050 Kuantan, Pahang.  
Tel: 09-5152895/5527535 Fax: 09-5151405**

**APPLICATION FOR ADMISSION**

1. A testimonial regarding character and ability from the Headmaster of the last school.
2. A recent colour passport-size photograph.
3. Registration fee - RM 1000.00 (applied once, non-refundable, cash/cheque)
4. Program Fee – RM 1000.00 monthly. (Cash/cheque)
5. All fees by cheque are to be made payable to **EFFECTIVE ENERGY SDN. BHD.**



**PLEASE USE BLOCK LETTERS THROUGHOUT**

**PERSONAL DATA**

1. Full Name: ..... 2. IC No. : .....  
(with surname underlined and must be written according to the IC)
3. Sex: ..... 4. Date of Birth: .....
5. Age: ..... 6. Place of Birth: .....
7. Nationality: ..... 8. Citizenship: .....
9. Postal Address for Correspondence: .....  
.....  
..... Tel: .....
10. Home Address (if different from above): .....  
.....  
..... Tel: .....
11. Father's/Mother's Name: ..... 12. IC No.: .....
13. Nationality : ..... 14. Occupation: .....
15. Office Address: .....  
..... Tel: .....

**OTHER INFORMATION (if applicable)**

16. Guardian's Name: ..... 17. IC No.: .....
18. Occupation : ..... 19. Office Address: .....  
..... Tel: .....
20. Home Address : .....  
..... Tel: .....
21. Relationship to the student : .....

## SCHOOLS ATTENDED

Last Schools Attended:

|    | School (s) | Standard | Year  |
|----|------------|----------|-------|
| 1) | _____      | _____    | _____ |
| 2) | _____      | _____    | _____ |
| 3) | _____      | _____    | _____ |

IN ORDER TO ASSIST US TO SETTLE YOUR CHILD QUICKLY IN THE SCHOOL, PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. Academic :Has your child ever been promoted out of the normal group for his/her age?  
YES [ ] NO [ ] (please tick)  
If YES, please explain : .....
2. Discipline :Has your child ever been involved in serious disciplinary action?  
YES [ ] NO [ ] (please tick)  
If YES, please explain : .....
3. Sports :Has your child any special skill or interest in sports?  
YES [ ] NO [ ] (please tick)  
If YES, please explain : .....
4. Other Interests: List of hobbies and other interests: .....
5. Friendship (please tick)

|  |     |
|--|-----|
| (a) Make friends easily and quickly        | [ ] |
| (b) Is initially shy with new people       | [ ] |
| (c) Prefers a small group of close friends | [ ] |
| (d) Seems to prefer older/younger children | [ ] |
| (e) Has difficulty in making friends       | [ ] |
6. Any other information parents would like the School or Class Teacher to take note about the child:  
.....  
.....

**CONDITIONS OF ENROLMENT**

1. I agree that the school reserves the right to suspend or expel my child/ren from school according to the rules as laid down in the Code of Conduct.
2. I hereby agree to pay the registration and the monthly fees in full upon the commencement of each program. I also understand and agree that if I default in paying the fees, the school has the right to bar my child/ward from attending the program.
3. I have read and accepted the policies and conditions contained in both the School’s Prospectus and the Application For Admission form and agree to be bound by all such policies and conditions.

Witnessed By:

.....  
(Signature of Parent / Guardian)

.....  
(Signature)

.....  
(Date)

Name: .....  
I/C / Passport No: .....

**PAYMENT RECORD**

1. Name of person responsible for payment of fees: .....
2. Office Address : .....  
..... Tel: .....
3. Home Address : .....  
..... Tel: .....
4. Relationship to the student : .....

**HEALTH RECORD**

1. Any health or medical condition that requires the attention of the School ? (eg. Epilepsy, asthma, migraines.)  
.....
2. Any physical or audio/visual impairments (temporary or permanent) that the student is suffering from ?  
.....
3. Drugs Allergies : .....
4. Food/Drinks Allergies : .....
5. Name and Address of Family Doctor : ..... Tel: .....

**6. Person to contact in case of an emergency:**

Name :.....  
Relationship to the student: .....  
Home Address: .....  
..... Tel: .....  
Office Address: .....  
..... Tel: .....

7. In the event of any medical emergency and if the School is unable, for whatsoever reason, to contact the parents/guardian of the student concerned, or whilst awaiting arrival of the parents or the medical practitioner of the parent's choice, the School is hereby authorized to seek medical attention for the student from the nearest available qualified medical practitioner or hospital and the School or its staff shall not be responsible for whatsoever medical treatment administered to the student by such medical practitioner or hospital or any medical charges involved.

.....  
(Signature of Parent/Guardian)

.....  
(Date)

**FOR OFFICE USE**

|                                     |                      |
|-------------------------------------|----------------------|
| Date of Application Received: ..... | Student No: .....    |
| Admitted into Class : .....         | Commencing On: ..... |
| Reason(s) Admission : .....         | For                  |
| Total Payable : .....               | Fees                 |
| i) .....                            | RM .....             |
| ii) .....                           | RM .....             |
| iii) .....                          | RM .....             |
| iv) .....                           | RM .....             |
| Receipt Number : .....              | TOTAL RM .....       |