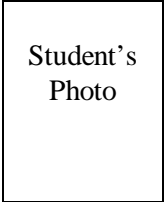


**INTERNATIONAL SCHOOL OF KUANTAN
(ISK)
A-33, Jalan Tanjung Api, Padang Lalang, 25050 Kuantan, Pahang.
Tel: 09-5152895 Fax: 09-5151405**

APPLICATION FOR ADMISSION

1. An official copy of the previous year's school report.
2. A testimonial regarding character and ability from the Principal of the last school.
3. A recent colour passport-size photograph.
4. A copy of the birth certificate/passport/IC
5. A copy of student visa / passport.
6. Registration fee - RM 10,000 (applied once, non-refundable)
7. Reenrollment fee - RM 1,000 (applied each year, non-refundable)
8. All fees by cheque are to be made payable to **EFFECTIVE ENERGY SDN. BHD.** and crossed



PLEASE USE BLOCK LETTERS THROUGHOUT

PERSONAL DATA

1. Full Name:
(with surname underlined and must be written according to the birth certificate)
2. Passport No./IC No./Birth Cert.
3. Sex: 4. Date of Birth:
5. Age: 6. Place of Birth:
7. Nationality: 8. Citizenship:
9. Postal Address for Correspondence:
-
- E-mail address : Tel:
10. Home Address (if different from above):
-
- E-mail address : Tel:
11. Father's Name: 12. Passport No.:
13. Nationality : 14. Occupation:
15. Office Address:
-
- Tel:
16. Mother's Name: 17. Passport No.:
18. Nationality : 19. Occupation:
20. Office Address:
-
- Tel:

OTHER INFORMATION (if applicable)

21. Guardian's Name: 22. Passport No.:
23. Occupation : 24. Office Address:
- Tel:
25. Home Address :
- Tel:
26. Relationship to the student :

SCHOOLS ATTENDED

Schools Attended in Reverse Order :

	School (s)	Class/Form	Year
1. Secondary :

2. Primary :

3. Name/s of other brothers/sisters (if any) :			
(a)	Grade:	Age:	
(b)	Grade:	Age:	
(c)	Grade:	Age:	
(d)	Grade:	Age:	

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 Patterns (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 not about the child:

CONDITIONS OF ENROLMENT

- 1. I accept that the school reserves the absolute right not to promote my child/ward if in the opinion of the school it is in the pupil’s best interest to be retained.
- 2. 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.
- 3. I hereby agree to pay the school fees in full before the end of the first week upon the commencement of each new term. 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 class.
- 4. 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 :
- 5. Financial Account to be sent to :
- 6. I would like the student to commence School on:

1ST TERM -	AUGUST	TO	DECEMBER	20.....
2ND TERM -	JANUARY	TO	JUNE	20.....

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. Please complete the following :

ILLNESS	APPROXIMATE DATE	INJECTIONS/ VACCINATIONS	GIVEN DATE
MEASLES		TETANUS	
CHICKEN POX		POLIO	
MUMPS		DIPHTHERIA	
HEPATITIS		CHOLERA	
OTHER DISEASES		OTHERS	

8. 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) For Admission :
 Total Fees Payable :

i) RM
 ii) RM
 iii) RM
 iv) RM
 Receipt Number : TOTAL RM