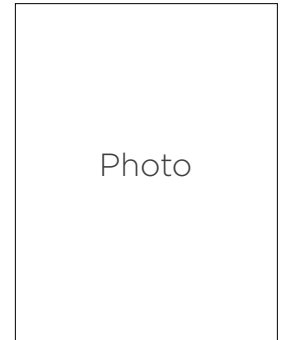


## Application for Admission

Please complete all sections of the form and the following checklist before submitting:

- One recent passport-size photograph of student and parents
- A copy of the student's birth certificate
- A copy of the most recent full school report and any others from the past 12 months
- A copy of the student's passport (particular's pages only) or NRIC/MyKid for Malaysian applicant
- A copy of the father's passport (particular's pages only) or NRIC for Malaysian applicant
- A copy of the mother's passport (particular's pages only) or NRIC for Malaysian applicant
- Application Fee (non-refundable) as per Fee Schedule



### Section A - Student Details

#### Personal Particulars

Legal forename	<input type="text"/>	Legal surname	<input type="text"/>
Preferred forename	<input type="text"/>	Preferred surname	<input type="text"/>
Date of birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y Age <input type="text"/>	*Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Year Group applied for	<input type="text"/>	Preferred start date	<input type="text"/>
Nationality	<input type="text"/>	Passport/NRIC	<input type="text"/>
Religion	<input type="text"/>		

\* Is English your child's first language?

Yes  No  If no, how long has your child been speaking English?  Months/Years

\* Competency in English Good  Fair  Limited  Other spoken languages

Choice of language (To study in school) **Years 3, 4, 5 and 6** French / Bahasa Malaysia (Please choose one)

**Years 7-9** French / Bahasa Malaysia / German / Mandarin / Spanish (Please choose two)

Languages studied (Other than English)

\* Does your child suffer from any physical or audio/visual impairment? Yes  No

If yes, please indicate

\* Does your child have any health or medical condition in his/her previous history or which is recurrent of which the School should be informed?

Yes  No

If yes, please indicate

\* Does your child suffer from drug/medication or food/drink allergies? Yes  No

If yes, please indicate

\* Please tick (✓) where appropriate.

## Section B - Family Details

### Father/Stepfather/Guardian

Priority for contact

Name

Nationality

Occupation/Position

Employer

Business address

Telephone no. (Off)  Fax

Mobile phone no.

Email

### Mother/Stepmother/Guardian

Priority for contact

Name

Nationality

Occupation/Position

Employer

Business address

Telephone no. (Off)  Fax

Mobile phone no.

Email

Residential address

Telephone no. (Home)  Fax

Current correspondence address (if different from Residential address)

Telephone no. (Home)  Fax

## Section C - Sibling Details

Please provide the names of any siblings who are **applying to/currently attending** the Alice Smith School:

Name <input type="text"/>	Year Group <input type="text"/>
Name <input type="text"/>	Year Group <input type="text"/>
Name <input type="text"/>	Year Group <input type="text"/>
Name <input type="text"/>	Year Group <input type="text"/>

## Section D - Details of Student's Current School

Name of school

Address of school

Name of Head Teacher and email address (to contact for reference and to administer assessments)

Name <input type="text"/>	Email <input type="text"/>
Starting date at school <input type="text"/>	Current Year Group/Grade <input type="text"/>

Language of instruction

Reason for leaving

Please tick (✓) as accurately as possible the appropriate support that your child has been receiving/received:

<input type="checkbox"/> Gifted and talented programme	<input type="checkbox"/> Educational psychologist	<input type="checkbox"/> Visual services
<input type="checkbox"/> SEN/Support teacher	<input type="checkbox"/> Hearing impairment services	<input type="checkbox"/> Physically handicapped services
<input type="checkbox"/> Seen a counsellor	<input type="checkbox"/> Speech therapists	<input type="checkbox"/> English as additional language support
<input type="checkbox"/> On-going counselling	<input type="checkbox"/> Others	<input type="text"/> (Please specify)

**\* If your child has received or was enrolled in a Special Educational Programme, kindly provide all relevant documents.**

Has your child been placed out of his/her age group ?

Has your child been involved in serious disciplinary action ? (Please enclose brief summary - Reference may be made to the former school)

Does your child possess any special skills or interests ? (e.g. Music, ICT, Sports, Art, etc)

## Section E - Details of Student's Previous Schools (Please provide details of the student's previous two schools, where applicable)

### School 1

Name of school

Address of school

Starting date  Leaving date

Year Group/Grade on leaving

Language of instruction

Reason for leaving

### School 2

Name of school

Address of school

Starting date  Leaving date

Year Group/Grade on leaving

Language of instruction

Reason for leaving

## Section F - Fee Payment

\* My child's school fees will be borne by:

<input type="checkbox"/> Company direct	Billing address	<input type="text"/>
<input type="checkbox"/> Reimbursed by company		<input type="text"/>
<input type="checkbox"/> Paid by us		<input type="text"/>
* Preferred billing to	<input type="checkbox"/> Business (Father/Mother)	Home <input type="checkbox"/> Other <input type="text"/>
		Name <input type="text"/>

\* Please tick (✓) where appropriate.

## Conditions Of Enrolment

The submission of this Application Form for my child at the Alice Smith School implies the following:

- I agree to abide by the rules and procedures of the School as set out by the Council of Governors and the Senior Leadership Team from time to time.
- I understand that the School welcomes parent interaction and I also understand that timely and respectful communication between home and school is vital.
- I will support the learning provided by the School and the School's virtual learning platform, read the School's newsletters and also be part of my child's Class Emergency Contact List.
- I acknowledge that this application is only **valid for two years from the date that the Application Fee is fully paid to the School.**
- I accept that term fees must be paid in advance.
- I accept that written notice for withdrawal must be given in writing by the required financial half term date if I choose to remove my child from the school at any time. The parents' deposit held by the School will be forfeited if this notice is not given within the stipulated time.
- I grant the School and its legal representatives acting with its permission, the right and permission with respect to the photographs, pictures, films, tapes and other pictorial recordings taken in any medium (including electronically) of my child. I also grant the right and permission to the School to use, reproduce, copy, publish, communicate electronically and broadcast the same, in whole, in part or in composite, whether altered or enhanced or in conjunction with any other images or text, in still, single, multiple or moving form and using any medium, including but not limited to print, film, video, CD and the Internet, for any lawful purpose related to the School.
- I also agree to grant the School and its legal representatives acting with its permission, the right and permission to use the written and visual class works of my child whether produced for academic or non-academic purposes for any lawful use related to the School.
- I acknowledge that the Alice Smith School owns the copyright and related rights in the above works and that I have no right to inspect or approve the finished product that may be used. The name of my child shall not be published or featured in any manner. This agreement remains in force whilst my child is a student of the Alice Smith School. The School reserves the right to continue to use the works of my child after he/she has left the school.

## Declaration

I warrant that the information on this form and provided in support of my child's application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to this application might invalidate the application and that the School may withdraw an offer of a place or cancel the enrolment of my child in consequence.

Should the School determine that I have submitted a false document, I consent to the School disclosing this information to other relevant institutions.

I agree to abide by the statutes, regulations and policies of the Alice Smith School.

**I have read and understood the above conditions and accept them fully.**

Name

Signature of parent

Date

Relationship to the student

## For Office Use Only

**REMARKS**

- Admissions - Application process
- Tour
- Assessment done
- References received
- Official offer
- Information Pack
- Class

### LEVEL

- 1
- 2A
- 2B
- 3
- 4
- 5

### MODE OF PAYMENT

- Cash RM \_\_\_\_\_ OR no. \_\_\_\_\_
- Cheque no \_\_\_\_\_ OR no. \_\_\_\_\_
- Amount RM \_\_\_\_\_

### FOR MALAYSIAN APPLICANTS

MOE approval date \_\_\_\_\_

MOE approval no. \_\_\_\_\_

Expiry of Application Form \_\_\_\_\_

Admission no. \_\_\_\_\_

Parent Membership no. \_\_\_\_\_



### Primary Campus

No. 2 Jalan Bellamy  
50460 Kuala Lumpur, Malaysia  
Tel +603 2148 3674  
Fax +603 2148 3418  
Email [klass@alice-smith.edu.my](mailto:klass@alice-smith.edu.my)

[www.alice-smith.edu.my](http://www.alice-smith.edu.my)

### Secondary Campus

No. 3 Jalan Equine, Taman Equine  
43300 Seri Kembangan  
Selangor Darul Ehsan, Malaysia  
Tel +603 9543 3688  
Fax +603 9543 3788  
Email [klass2@alice-smith.edu.my](mailto:klass2@alice-smith.edu.my)