



APPLICATION FOR ENROLMENT

THIS APPLICATION EXPIRES ON _____
(VALID FOR 2 ACADEMIC YEARS)

Please complete all sections in Part A & B and enclose with:

- ◆ 2 recent passport size photographs
- ◆ A copy of the child's birth certificate
- ◆ A copy of the most recent school report
- ◆ A copy of the child's passport (particulars' page only)
- ◆ A copy of the father's passport (particulars' page only)
- ◆ A copy of the mother's passport (particulars' page only)
- ◆ A completed parent membership form
- ◆ Application Fees (RM 1000.00 per child) and Membership Fee (RM 20.00 per family) – *non-refundable*

PART A: CHILD/STUDENT'S DETAILS - PERSONAL PARTICULARS

1. Legal Forename: _____ Middle Name(s) : _____
Legal Surname: _____ Preferred Surname : _____
Preferred Forename: _____
 2. Date of Birth: _____ 3. Age: _____ Gender: _____
 4. Year Group Applied for: _____ 5. Proposed Start Date: _____
 6. Nationality: _____ 7. Passport/IC No: _____
 8. Religion: _____ 9. Race/Ethnicity: _____
 10. Language(s) spoken at home: _____ 11. Other Languages Spoken: _____
 12. Mother Tongue: _____
 13. * Choice of Language: French / Bahasa Malaysia (Years 4, 5 & 6)
(to study at school, please circle) French / Bahasa Malaysia / German / Mandarin (Years 7-11)
 14. Languages Studied (other than English): _____
 15. Residential Address: _____

- Tel: _____ Fax: _____

CHILD/STUDENT'S EDUCATIONAL BACKGROUND

1. Previous School & Country: _____
2. Type of curriculum: _____ Last Year Group Level: _____
3. Language of Instruction: _____
4. Date of Leaving: _____ Reason for leaving: _____
5. Please tick (✓) as accurately as possible the appropriate support that the applicant has been receiving/received:

<input type="checkbox"/> SEN/Support Teacher <input type="checkbox"/> Ever-seen a Counsellor <input type="checkbox"/> On-going Counselling <input type="checkbox"/> Educational Psychologist <input type="checkbox"/> Hearing Impaired Services <input type="checkbox"/> Others: _____	<input type="checkbox"/> Speech Therapists <input type="checkbox"/> Visual Services <input type="checkbox"/> Physically Handicapped Services <input type="checkbox"/> English as Additional Language Support
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If the student has received or was enrolled in a special Educational Programme, please provide all documentary information

6. Has the student been placed out of his/her age group? _____
7. Has the student been involved in serious disciplinary action? (please enclose brief summary - Reference may be made to former school) : _____
8. Has the student any special skills or interests (Music, ICT, Sports, Art, etc...)? _____

<p><i>The Alice Smith Primary School</i> No 2 Jalan Bellamy, 50460 Kuala Lumpur, Malaysia Tel: 03-2148 3674 Fax: 03- 2148 3418 E-mail: admissions.jb@alice-smith.edu.my</p>	<p><i>The Alice Smith Secondary School</i> No 3 Jalan Equine, Equine Park, 43300 Seri Kembangan, Malaysia. Tel: 03-9543 3688 Fax: 03-9543 3788 E-mail: admissions.ep@alice-smith.edu.my</p>
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PART B: FAMILY DETAILS

(a) FATHER/STEPFATHER

Priority

Name

Nationality

Occupation/Position

Employer

Business Address

.....

.....

Phone (Off)..... Fax

Mobile Phone

E-mail

Home Address

.....

.....

Phone (Home) Fax

(c) GUARDIAN (if applicable)

Priority

Name

Relationship to Student

Home Address

.....

.....

Phone (Home)

Phone (Off)..... Fax

Mobile Phone

E-mail

(b) MOTHER/STEPMOTHER

Priority

Name

Nationality

Occupation/Position

Employer

Business Address

.....

.....

Phone (Off)..... Fax

Mobile Phone

E-mail

Home Address

.....

.....

Phone (Home) Fax

(d) EMERGENCY CONTACT (if applicable)

Priority

Name

Relationship to Student

Home Address

.....

.....

Phone (Home)

Phone (Off)..... Fax

Mobile Phone

E-mail

PART C: SIBLING DETAILS

Please provide names of any siblings who are applying to / currently studying in The Alice Smith School.

1. Name: _____

Year Group: _____

2. Name: _____

Year Group: _____

3. Name: _____

Year Group: _____

PART D: PERSONAL PROFILE OF CHILD

DOES YOUR CHILD SUFFER FROM:

Heart Problems?	YES/NO	Epilepsy?	YES/NO
Respiratory Problems?	YES/NO	Recent Illness?	YES/NO
Diabetes?	YES/NO	Phobias?	YES/NO
Blood Pressure?	YES/NO	Allergies?	YES/NO
Recent Operations?	YES/NO	Other (please list)?	YES/NO

IF YES please supply information on any of these conditions:

PART E: FOR SECONDARY STUDENTS ONLY

1. Other relevant medical information: _____

2. Past/recent surgery details: _____

3. Regular medications (names & dosages):

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

4. Family Doctor (please inform the school as soon as you have the required information)

Name: _____

Address: _____

Tel: _____ Fax: _____

Mobile: _____ Email: _____

5. Consent for First Aid:

I give consent for the following medication to be given to the applicant, if it is thought necessary by the School Nurse.

*** Oral paracetamol and Analgesics & Antipyretics (for pain & fever) / Bronchodilators (Inhalers) (for asthmatics) / Antacids (for gastric pain) / Optrex Eye Drops.**

Name: _____ Relationship to student: _____

Signature: _____ Date: _____

PART F: FEE PAYMENT

(a) My child's school fees will be borne by:

Company Direct

Reimbursed by company

Paid by us

Billing Address:

.....

.....

(b) Preferred billing to : Business - (Father / Mother) Home Other

Name:

CONDITIONS OF ENROLMENT

The submission of this application form for my child at The Alice Smith School implies the following:

- ◆ We accept the school regulations and all other amendments as laid down from time to time by the proper authorities.
- ◆ We accept that term fees must be paid in advance.
- ◆ We accept that notice must be given in writing by the required date if you choose to remove your child from school at any time. Parents' Deposit held by the school will be forfeited if this notice is not given. This policy is necessary to allow the school adequately to replace those students who may move out without giving notice.
- ◆ We acknowledge that The Alice Smith School has a drugs testing programme for students from September 2006.

Please sign below acknowledging acceptance of the above conditions of your child's possible enrolment at The Alice Smith School.



By lodging this application I/we commit myself/ourselves to support the school in the achievement of its aims and objectives. This includes an undertaking to wear the uniform and support the social code in all respects. We accept that any offer of placement is conditional on the accuracy of the information provided above. False, inaccurate or misleading information could lead to the child's withdrawal from the school.

Signature: _____ Date: _____

Name: _____ Relationship to the student: _____

FOR OFFICE USE ONLY

Enclosed:

- 2 recent passport size photographs
- Copy of the child's birth certificate
- Copy of the most recent school report
- Copy of the child's passport (particulars page only)
- Copy of the father's passport (particulars page only)
- Copy of the mother's passport (particulars page only)
- Completed parent membership form
- Application fee
- Membership fee
- Copies of Key Stage/NCT results
- Copies of all examination certificates (IGCSE, SPM)

Level:

- 1
- 2
- 3
- 4

Mode of Payment:

Cash: RM _____

Cheque: No: _____

Bank: _____

Amount: _____

MOE Approval No: _____

MOE Approval Date: _____

Parent Membership No: _____