

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 (personal details page only) or NRIC/MyKid for Malaysian applicant
- A copy of both parents' passport (personal details page only) or NRIC for Malaysian applicant
- A copy of student's and both parents' visas/passes (non-Malaysians)
- Application Fee (non-refundable) as per Fee Schedule

Photo

The form is to be completed in block letters and black ink.

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" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="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"/>
Race (Malaysians only) <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

* 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		Mother/Stepmother/Guardian			
Please indicate priority for contact		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Occupation/Position	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Employer	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Office address	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Office phone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Office fax no.	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mobile phone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Parents' Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Others
Home address	<input type="text"/>				
Home phone no.	<input type="text"/>	Fax no.	<input type="text"/>		
Current correspondence address (if different from Home address)					
<input type="text"/>					
Home phone no.	<input type="text"/>	Fax no.	<input type="text"/>		

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	<input type="text"/>		
Address of school	<input type="text"/>		
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	<input type="text"/>		
Reason for leaving	<input type="text"/>		

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)

Application will not be considered until all relevant documentation have been submitted.

Section E - Details of Student's Previous Schools (where applicable)

School 1

Name of school	<input type="text"/>		
Address of school	<input type="text"/>		
	<input type="text"/>		
Starting date	<input type="text"/>	Leaving date	<input type="text"/>
Year Group/Grade on leaving	<input type="text"/>		
Language of instruction	<input type="text"/>		
Reason for leaving	<input type="text"/>		

School 2

Name of school	<input type="text"/>		
Address of school	<input type="text"/>		
	<input type="text"/>		
Starting date	<input type="text"/>	Leaving date	<input type="text"/>
Year Group/Grade on leaving	<input type="text"/>		
Language of instruction	<input type="text"/>		
Reason for leaving	<input type="text"/>		

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="checkbox"/>
		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 (the School) implies the following:

- I agree to abide by the policies, rules and procedures of the School as set out by the Council of Governors and the school leadership.
- 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 to the Principal by the first day of the child's last term (one full term's notice). 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 authorised representatives 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, to use, reproduce, copy, publish, distribute, communicate in any form (including 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 relating to the School.
- I also agree to grant the School and its authorised representatives the right and permission, in respect of my child's class works (written, visual or in any other form) whether produced for academic or non-academic purposes, to use, reproduce, copy, publish, distribute, communicate in any form (including 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 relating to the School.
- I acknowledge that the School will not do anything or cause the name of my child to be published or featured in any manner.
- The permission and right granted here by me to the School shall remain in force whilst my child is a student of the School and shall extend to after my/the child has left the School.
- I hereby grant my consent to the School to collect, retain and process the information given to the School for the following purposes:
 - (a) to assess my child's entry application into the School;
 - (b) to verify information provided in the application form; and
 - (c) to disclose the information to relevant government authorities and/or third parties as required by law.
- I acknowledge that the School will retain the information provided to the School for a period of two (2) years in the events my child's application is unsuccessful.

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

Date

Signature of parent

Relationship to the student

For office use only

REMARKS



Primary Campus

No. 2 Jalan Bellamy
50460 Kuala Lumpur, Malaysia
Tel +603 2148 3674
Fax +603 2148 3418
Email admissions.jb@alice-smith.edu.my

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 admissions.ep@alice-smith.edu.my