



Application for Admission



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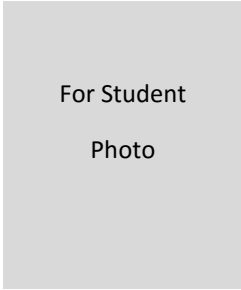
APPLICATION FOR ADMISSION

Please complete all sections of the form accurately and enclose herewith:

- Two recent passport-size photographs of the student
- A copy of the student's Birth Certificate and Passport (Non-Malaysian) or Identity Card (Malaysian)
- A copy of both parents' and guardian's (if applicable) Passport / Identity Card
- The most recent school report
- A copy of the student's medical card / vaccination card
- Assessment Fee RM50 & Application Fee RM 250 / 500 & Registration Fee RM500 / 1,000

Admission Required for School Year beginning Term 1 Term 2 Term 3 Term 4

Application for Early Years Primary Secondary Year _____



(PLEASE USE BLOCK LETTERS THROUGHOUT)

SECTION A: STUDENT DATA

Name: _____ Preferred Name: _____
(Surname) (First & Middle Name)

Passport / Identity Card No.: _____

Date of Birth: ____ DD ____ MM ____ YY Birth Cert No.: _____ Gender: Male Female

Nationality: _____ Religion: _____

Language(s) spoken at home: English Bahasa Malaysia Chinese Other: _____
(Please specify)

Home address: _____

_____ Tel No.: _____

Present / Previous School: _____ Most Recent Year of Study: _____

SECTION B: FAMILY DATA

Father / Guardian Title: _____ Name: _____
(Mr/Dr/Tan Sri/Dato etc.) (as in Passport / Identity Card)

Passport / Identity Card No.: _____ Nationality: _____

Occupation: _____ Company Name: _____

Company Address: _____

_____ Tel: _____ Fax: _____

Mobile No.: _____ E-mail: _____

Mother / Guardian Title: _____ Name: _____
(Mrs/Dr/Puan Sri/Datin etc.) (as in Passport / Identity Card)

Passport / Identity Card No.: _____ Nationality: _____

Occupation: _____ Company Name: _____

Company Address: _____

_____ Tel: _____ Fax: _____

Mobile No.: _____ E-mail: _____

Parents' Marital Status: Married Divorced Separated Widowed Others: _____
(Please specify)

Siblings (Please give the names, ages and current School of any brothers / sisters)

1. Name: _____ Age: _____ Current School: _____
2. Name: _____ Age: _____ Current School: _____
3. Name: _____ Age: _____ Current School: _____
4. Name: _____ Age: _____ Current School: _____

Person / Persons picking your child up daily (If not Parent):

Name: _____ Relation to Child: _____ Car Plate Number: _____ Contact No.: _____
Name: _____ Relation to Child: _____ Car Plate Number: _____ Contact No.: _____

EMERGENCY CONTACT (If parents are not reachable in case of an emergency)

Name: _____ Tel: _____
Relationship to Student: _____ Mobile no.: _____

Our preferred Medical Centre for emergencies is **Rejang Medical Centre**.

If there're other preferences, please indicate KPJ Sibul Specialist General Hospital Others (Please state) _____

SECTION C: STUDENT INFORMATION

1. Does the student have any physical disabilities, learning difficulties or psychological needs? YES NO

If YES, please give details:

2. Does the student have any allergies or medical conditions that the school should be made aware of? YES NO

If YES, please give details:

SECTION D: ACKNOWLEDGEMENT AND AGREEMENT

I have read and fully understand the terms and conditions and the nature and effects thereof. I hereby expressly confirm my agreement thereto. I further undertake to perform all such obligations and / or comply with all terms and conditions set out on my part to be performed or complied with, particularly but not limited to payment of all monies payable to the School.

I acknowledge that the withholding or non-disclosure of any relevant information relating to my child's physical, medical or educational needs may affect my child's application for enrolment and admission as a student of the School. I agree that any offer of placement is conditional on the accuracy of the information provided and understand that there could be grounds for dismissal if it is later found that information has been deliberately withheld from school with respect to my child's development or learning needs.

Signature of Parent / Guardian:

Name: _____

Date: _____

I confirm that I have no objection to my child's image being used on the website / brochures and / or other promotional and marketing material of the School.

(Please delete the line above if you have any objection)

SECTION E: FOR OFFICE USE

- Accepted
- Rejected
- Deferred
- Conditional
- Cancelled

Comments:

Application Received on: _____ Assessment Date: _____ Year of Admission: _____

Placement Year: _____ Start Date: _____ Class: _____

ESL Required: YES NO Student no.: _____

Record Updated in System: YES NO

Learning Support Required: YES NO

Application Fee Received: RM _____ Invoice / Receipt no.: _____ Date: _____

Assessment Fee Received: RM _____ Invoice / Receipt no.: _____ Date: _____

Registration Fee Received: RM _____ Invoice / Receipt no.: _____ Date: _____

Received by: _____

Accepted by: _____

Endorsed by: _____

Registrar

Head of Section

Principal

Date: _____

Date: _____

Date: _____