



STUDENT APPLICATION FORM

STUDENT INFORMATION			
Student Name	:	Date of Birth	:
Phone Contact	:	(H) Sex	:
	:	(HP) Age	:
Nationality	:	IC/Birth Cert No	:
Residential Address	:	Last grade completed	:
School last attended	:	Religion	:
Reason of leaving school	:	If Christian, Church name	:

SCHOLASTIC INFORMATION	
Has the student ever been expelled, dismissed, suspended, or refused admission to another school? <i>(If yes, please explain)</i>	:
Has the student ever had disciplinary difficulty at school? <i>(If yes, please explain)</i>	:

MEDICAL INFORMATION	
Does the student have any physical defects or allergies? <i>(If yes, please explain)</i>	:
Has the student received immunizations <i>(please specify type and date of immunizations)</i>	:

GENREAL INFORMATION	
How did you hear about this school?	:
Reason for selecting this school	:

FAMILY INFORMATION		
	Father	Mother
Name	:	:
IC No	:	:
<i>Occupation</i>	:	:
Telephone Contact	:	:
	(H)	(H)
	(O)	(O)
	(HP)	(HP)
Religion	:	:
Phone Contact	:	:
If Christian, Church name	:	:

OTHER CHILDREN IN FAMILY		
Name	Age	School
1.		
2.		
3.		
4.		
5.		

Please submit with the application:

- Copy of the student's birth certificate or identity card.
 - Copy of parent's identity card & marriage certificate.
 - Copy of most recent school report card (if already attending a school).
 - 1 copy of passport-size photo
- OR**
- 3 copies of passport-size photo

Note:

1. Application and Diagnostic Test of RM110 are not refundable.
2. An interview with the parents and the student will be required before final acceptance.
3. SPAA Parent Student Covenant.