



ASIA Metropolitan International School
Educating Forward

(Insert student's photo here)

APPLICATION FOR ADMISSION

Kindly complete all sections of the form accurately
PLEASE USE BLOCK LETTERS THROUGHOUT

SECTION A – STUDENT INFORMATION (as in the PASSPORT/IC/BC)

Name : First _____ Middle _____ Surname _____

Nationality _____ Gender Male/Female

Religion _____ Contact details _____

Passport/IC/BC No. _____ Place of Birth _____

Date Issued _____ Expiry date of passport _____

Place Issued _____ Expiry date of visa _____

Type of Visa _____ Date Visa Expires _____

Languages spoken _____

Language preferred _____

Father's name _____ Contact no _____

Email _____

Mother's name _____ Contact no _____

Email _____

Residential address:

Mailing address (Leave blank if same as above)

SECTION B – SIBLINGS

No	Name	Date of Birth	Gender
1			
2			
3			
4			
5			

SECTION C - DETAILS OF PREVIOUS SCHOOL (s)

Name of School	Country	Was this an international School (Y/N)	From (Month, Year)	To (Month, Year)	Level Completed

SECTION D - DETAILS OF PARENT / GUARDIAN

Full Name _____ Nationality _____

Relationship with student _____

Correspondence Address _____

Contact No _____ Email Address _____

Occupation/Position _____

Company Name _____
_____Work Address _____

Work Tel No _____ Work Fax No _____

Correspondence Address _____

_____**EMERGENCY CONTACT**

Full Name _____

Relationship to student _____ Contact No _____

If the person listed above is not contactable please provide an alternate contact.

Full Name _____ Contact No _____

SECTION E - SCHOOL HISTORY

Current school _____ Currently in grade / Year Group _____

Reason for leaving this school _____

1) Has the student been placed out of the age group for his/her age ? Yes / No
If Yes , please give details _____2) Has the student been involved in serious behavioral issues ? Yes / No
If Yes , please give details _____3) Does the student have any physical disabilities, learning difficulties or special psychological needs? Yes / No
If Yes , please give details _____

4) Has the student received any learning support ? Yes / No
If Yes , please give details _____

5) Has / does the child need support in English ? Yes / No
If Yes , please give details _____

6) Has the student any special skills or interests (sports, music, drama, dance, art, etc) ? Yes / No
If Yes , please give details _____

7) Has the student represented his/her school in sports or any other events? Yes / No
If Yes , please give details _____

8) Social skills Socialises easily Has difficulty making friends

9) Any other information you would like the School or Class Teacher to take note of about the student:

SECTION F - HEALTH INFORMATION

1) Does the student have asthma, significant allergies, epilepsy, diabetes or other medical conditions ? Yes / No
If YES, please give details _____

2) Has the student, had any surgery or bone fractures in the past? Yes / No
If YES, please give details _____

3) Is the student taking any regular medication? Yes / No
If YES, please give details _____

4) Are the child's immunisations up to date ? Yes / No
If YES, please give details _____

5) Any other information ? Yes / No
Please give details _____

Documents Required For Enrolment

- 1 A copy of student's birth certificate/ Identity Card
- 2 A copy of student's passport and visa (for non - Malaysians)
- 3 A copy of parent's passports or Identity Card
- 4 A copy of parent's visas (if relevant)
- 5 A copy of parent's work permits (if relevant)
- 6 A copy of academic & behaviour reports from previous school.
- 7 Student's medical certificates/ immunisation record
- 8 3 passport sized photographs (size: 35mmx50mm with light blue background)
- 9 Application fee (Receipt No: _____)
- 10 Registration fee (Receipt No : _____)

Payment Details

My child's school fees will be borne by

Preferred billing to

Company direct Billing address

Business (Father/Mother)

Reimbursed by company

Home

Paid by us

Other

Name

Please tick where appropriate

Cheque made payable to Valencia Education Group Sdn. Bhd.

Cheque No, _____

Bank _____ Amount _____

Assessment (for office use only)

Date of Placement Test _____ Test Level _____

Year group admitted to _____ Starting date _____

Assessed By :

Name of staff _____ Signature _____

Position _____

Recommendation _____

Approved by : _____ Date : _____

Remarks (for office use only)

- 1 Fees _____
- 2 Other fees _____
- 3 Student Handbook _____
- 4 Student card _____
- 5 Accounts Department _____
- 6 Class Teacher _____
- 7 Others _____

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