



# SEKOLAH SRI NOBEL KELANA JAYA

"Train up a child in the way he should go, and when he is old he will not depart from it."

## STUDENT REGISTRATION FORM

Student's Name: \_\_\_\_\_  
(As in Birth Certificate)

Student's Name: \_\_\_\_\_  
(As in Name Tag)

Birth Cert. No.: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Transport: Car Reg No. / Transporter (delete whichever is not applicable): \_\_\_\_\_

Student resides with (delete whichever is not applicable): Parents / Mother / Father / Guardian

Taking Chinese?  Yes  No Only for P5 & P6

Paste photo here

**For office use only:**

Date Join	School Year	Term	Class	Student ID
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Birth Certificate copy received?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## FAMILY INFORMATION

Particulars	FATHER	MOTHER	GUARDIAN (if applicable)
Name			
Nationality			
Home address			
House phone			
Mobile phone			
Office phone			
Fax			
Email			
Occupation			
Company name & add			
Languages spoken			

SIBLINGS CURRENTLY IN SRI NOBEL		
Name	Class	<i>For office use (verified by)</i>

### EMERGENCY (If parents cannot be reached)

Particulars	First Person to contact	Next person to contact	Local Doctor /Health Care Provider
Name			
Office phone			
Mobile phone			
Home phone			

*Please notify the Registrar (Tel: 7880 6325) of any changes in phone numbers or contacts.*

### APPLICANT'S ACADEMIC BACKGROUND

Name(s) and address(es) of school(s) previously attended

School 1	
City	
Country	
Duration (e.g. 2005-2007 )	
Reason for Leaving	

School 2	
City	
Country	
Duration (e.g. 2005-2007 )	
Reason for Leaving	

### ACADEMIC INFORMATION

PARTICULARS	YES	NO	REMARKS, give details
Adjusts well to new environment			
Academic needs well met at former school			
Enjoys going to school			
Enjoys reading			
Disciplinary problem in former school			
Retained in the same class			
Tested for learning difficulties			

Describe your child's socio-academic strengths and needs:

STRENGTHS	NEEDS

Any information that may assist the teacher in helping your child:

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**HEALTH & MEDICAL INFORMATION**

PARTICULARS	YES	NO	REMARKS (details or any special attention needed)
Allergies			
Drug allergies			
Asthma			
Long-term medication			
Speech disability			
Learning disability			
Limits on physical activity			
Other health concerns, please elaborate			

A student may not receive any medication unless a parent or guardian gives permission. Permission is hereby given for the following medications to be administered to my child if necessary:

- Paracetamol
- Skin ointment

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of any medical emergency and if the school is unable, for whatsoever reason, to contact the parents / guardian / emergency contact persons, the school is hereby authorized to initiate emergency measures of medical attention for the student from the nearest available qualified medical practitioner or hospital, and the school or its staff shall not be liable for any hospital or medical charges involved. I hereby indemnify the school from any litigation action arising from emergency measures initiated by the school. I hereby certify that all health and medical information given on this form is complete and correct.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT'S CONDUCT IN SCHOOL

1. Students of our school are expected to conduct themselves in a manner that will always uphold the good name of their family and their school at all times.
2. We understand that should any of the following offences be committed in or out of school, a student of the school can be liable for expulsion from the school:
  - a. Vandalism and deliberate destruction of school property,
  - b. Insubordination, violent and indecent behaviour,
  - c. Theft,
  - d. Persistent truancy and absence without leave,
  - e. Involvement in any illegal activity.
3. Absence from school must be accompanied by a parent's letter to the class teacher. If the student is unable to attend school at the start of the semester, a letter from the parents is required. If a student is absent for more than 21 consecutive days without notice to the Registrar, the student's name will be removed from the School Register.
4. The School reserves the right to dismiss a student from the school in the case of unsatisfactory attendance, bad conduct, etc., without assigning any reason whatsoever.

## TERMS & CONDITIONS OF ADMISSION

1. A student is offered a place on the understanding that he or she will remain for the duration of the year as specified.
2. In the event of a student leaving without giving six months' notice, or being dismissed before the termination of the agreed year, the School reserves the right to charge in full any balance of fees outstanding.
3. The deposit is refundable only after a written notice to the Registrar is given on or before 30 November (if leaving at the end of the first term) and 31 May (if leaving at the end of the second term).
4. The deposits will be refunded to the parent/guardian named below.
5. The deposits will **not** be refunded if
  - after accepting the offer of a place at the school, the student does not attend school thereafter.
  - the student is expelled from school.
  - notice is not given on or before the specified dates.
  - the notice is given when the student is no longer in school.
  - term fees due is not paid in full within the specified time.
6. Receipt of payment of deposits and the acknowledgement slip from the school for having received the notice on time should be produced when seeking a deposits refund.
7. Damage to school property, whether intentional or not, should be reimbursed or the items / parts replaced.
8. Other than the fees, the school also levies a non-refundable Registration Fee.

## PARENTAL AGREEMENT

I allow my child to go out of the school's premise for treats in relation to the school's positive reinforcement program.

I agree to follow the rules and procedures established by the Board of Governors and the Manager of Sri Nobel.

I will not withhold any records and medical histories of my child that may result in either the rejection of my application or the reversal of the decision if my child is already enrolled.

I give my full acceptance and support to Sri Nobel's student's conduct, rules & regulations and terms & conditions of admission in registering my child here.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Name & NRIC : \_\_\_\_\_