

APPLICATION FOR ENROLMENT

SECTION 1 - ESSENTIAL INFORMATION

Section 1 - One form per Child

| | | | | | |
|---|--|-----------------------------|-------------------------------|------------------------------|------------------------------|
| 1 | Child's Name (as per NRIC): | | | | |
| | Child's Name in Chinese (if applicable): | | | | |
| | Other name used to address the child: | | | | |
| | MyKID / NRIC Number / Passport Number (Non-Citizen): | | | | |
| | Nationality: | | Passport Expiry Date: | | |
| | Ethnicity: | <input type="radio"/> Malay | <input type="radio"/> Chinese | <input type="radio"/> Indian | <input type="radio"/> Other: |

| | | | | | | | |
|---|----------------|-----|-------|------|------------------|---|---|
| 2 | Date of Birth: | | | | Gender (circle): | M | F |
| | | DAY | MONTH | YEAR | | | |

| | | | | | | |
|---|--------------------------------------|---------|-------------|-----------|-----------------|--------------------|
| 3 | Names of previously attended schools | | | | | |
| | Name of School | Country | From (Year) | To (Year) | Level Completed | Reason for leaving |
| | | | | | | |
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| 4 | Details of extra-curricular lessons (music, dance, drama, language or math tuition, sports or games or similar) | |
| | Lessons / Activities | Number of Years |
| | | |
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| 5 | Please choose 5 words to describe your child's character | |
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SECTION 2 – FAMILY INFORMATION

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| 6 | Do both the child's parents normally live together with the child? | <input type="radio"/> YES <input type="radio"/> NO |
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| 7 | Please list other family members with whom the child is in regular contact: |
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| 8 | Are there any regular times during the week when the child does not live with both parents (e.g. with a relative, friend or other)? | <input type="radio"/> YES <input type="radio"/> NO |
| If YES, please elaborate: | | |
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| 9 | Apart from parents, which adult is the child closest to? |
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| 10 | Since the birth of your child, were there any major or significant changes in your family life? |
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| 11 | If the child does not live with both parents together, who is the legal guardian(s) of the child? |
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| 12 | If the child does not live with both parents together, how often and for how long do the parents and child spend time together? |
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SECTION 3 – HEALTH

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| 13 | If enrolling for Early Childhood/primary, has your child started losing the baby teeth? | <input type="radio"/> YES <input type="radio"/> NO |
|----|---|---|

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|---------------------------------|---|---|
| 14 | Has your child ever been assessed by an Educational Psychologist or child specialist? | <input type="radio"/> YES <input type="radio"/> NO |
| If YES, please provide details: | | |
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|---|---|--|---|---|
| 15 | Please confirm if your child has been diagnosed with / shown symptoms of the following: | | | |
| <input type="radio"/> Autism / Asperger's | | | <input type="radio"/> ADD / ADHD | <input type="radio"/> Dyslexia |
| <input type="radio"/> Hearing / Auditory Processing difficulties | | | <input type="radio"/> Obsessive Compulsive Disorder (OCD) | <input type="radio"/> Dyscalculia |
| <input type="radio"/> Eyesight / Visual Processing difficulties / Color Blindness | | | <input type="radio"/> Physical Limitations | <input type="radio"/> Other disability: |
| Your notes to us: | | | | |
| | | | | |
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|-----------------------------------|---|--|---|---------------------------------|
| 16 | Please confirm if your child has been diagnosed with / suffered any of the following: | | | |
| <input type="radio"/> Chicken Pox | | | <input type="radio"/> Heart Disease | <input type="radio"/> Seizures |
| <input type="radio"/> Mumps | | | <input type="radio"/> Measles | <input type="radio"/> Hay Fever |
| <input type="radio"/> Asthma | | | <input type="radio"/> Other (e.g. allergies): | |
| Your notes to us: | | | | |
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|---------------------------------|--|---|
| 17 | Has your child ever suffered from anaphylaxis (severe life-threatening allergic reaction)? | <input type="radio"/> YES <input type="radio"/> NO |
| If YES, please provide details: | | |
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| 18 | Does your child take in any medication on a regular basis? | <input type="radio"/> YES |
| | | <input type="radio"/> NO |
| | If YES, please provide details: | |
| | | |

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|----|---|---------------------------|
| 19 | Has your child been hospitalized before? | <input type="radio"/> YES |
| | | <input type="radio"/> NO |
| | If YES, please provide details: | |
| | | |

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|----|---|---------------------------|
| 20 | Has any school, agency or specialist ever suggested that your child has learning difficulties, attentional or behavioral problems? | <input type="radio"/> YES |
| | | <input type="radio"/> NO |
| | If YES, please provide details: | |
| | | |

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|----|--|---------------------------|
| 21 | Are there any other aspects relating to your child's health, physical well being or learning which the school should be made aware of at this time? | <input type="radio"/> YES |
| | | <input type="radio"/> NO |
| | If YES, please provide details: | |
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Please note it is essential that parents fully disclose any matters relating to the child's physical well-being and learning needs on this enrolment application form so that the school can determine how best to meet the child's learning needs and assist their transition to the new learning environment. Non-disclosure of this essential information may lead to a review of and termination of the child's enrolment by the school.

SECTION 4 – LIFE STYLE

Sleep Habits

| | | |
|----|--|---|
| 22 | What time does your child usually wake up? | |
| 23 | What time does your child usually go to bed? | |
| 24 | Does your child sleep alone in his / her own room? | <input type="radio"/> YES <input type="radio"/> NO |
| 25 | Does your child need an adult in the room in order to go to sleep? | <input type="radio"/> YES <input type="radio"/> NO |
| 26 | What are your child's sleeping habits (easy / difficult / any bedtime routines)? | |
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| | | |

Diet

| | | |
|----|---|---|
| 27 | Is your child vegetarian or on a plant-based diet? | <input type="radio"/> YES <input type="radio"/> NO |
| | If YES, please elaborate | |
| | | |
| | | |
| 28 | Does your child have a particular diet for religious reasons? | <input type="radio"/> YES <input type="radio"/> NO |
| | If YES, please elaborate | |
| | | |
| | | |

Media Exposure

| 29 | Does your child have regular access to media? | | | | | |
|--------------------|---|-----|----|--|--------------------|----------|
| | | YES | NO | If YES, How frequently and for how long? | | |
| | Media | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Frequency per week</th> <th style="width: 30%;">Duration</th> </tr> </table> | Frequency per week | Duration |
| Frequency per week | Duration | | | | | |
| | Watch TV | | | | | |
| | Use Computer | | | | | |
| | Play video games | | | | | |
| | Mobile electronic devices (eg smartphone / tablet) | | | | | |
| | iPod /Music Device | | | | | |

SECTION 5 – OTHER QUESTIONS

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|----|---|
| 30 | Are there any particular things that have happened in the previous school or kindergarten that we should know about in order to better support your child(ren)'s learning journey? |
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| 31 | If there comes a time when your child is experiencing learning, behavioral or emotional difficulties, are you prepared to work constructively and in a solutions-focused manner with the school and to contribute to putting in place an action plan for home and school to support their wellbeing and learning progress? | <input type="radio"/> YES |
| | | <input type="radio"/> NO |

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| 32 | Do you have any questions for us? |
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SECTION 6 – PARENT / GUARDIAN INFORMATION

Section 6A, 6B, 6C – **one form per child.**

*Note: if both parents are legal guardians, mother and father should complete sections 6A and 6B below.
If the child lives with a legal guardian other than the parents, then please complete the Guardian's details
on section 6C.*

| Section 6A Father's Details | | | |
|------------------------------------|--|---|--|
| Preferred contact person | | <input type="radio"/> YES <input type="radio"/> NO | |
| Title | | Name | |
| Home Address | | | |
| Nationality | | NRIC / Passport No | |
| Type of Visa | | Date of Birth | |
| Home phone no. | | Mobile no. | |
| Email | | | |

| Employment Details (please attach a business card if you have one): | |
|--|--|
| Occupation | |
| Company Name: | |
| Office Address: | |
| | |
| | |
| Office Phone | |

| <u>Acknowledgement:</u> | |
|---|--|
| <p>I hereby state that the information and documents provided for purposes of this application are true and accurate to the best of my belief and I undertake to forthwith notify you of any deviation.</p> <p>I understand that the acceptance of this application is partly based on and reliant upon the representation made here by me / us and that any misrepresentation will entitle the terms and / or the enrolment to be reviewed and / or revoked.</p> | |
| Signature: | |
| Date: | |

Please provide photocopies of Parent (or Legal Guardian) and Child's NRIC and Child's Birth Certificate.

| Section 6B Mother's Details | | | |
|------------------------------------|--|---|--|
| Preferred contact person | | <input type="radio"/> YES <input type="radio"/> NO | |
| Title | | Name | |
| Home Address | | | |
| Nationality | | NRIC / Passport No | |
| Type of Visa | | Date of Birth | |
| Home phone no. | | Mobile no. | |
| Email | | | |

| Employment Details (please attach a business card if you have one): | |
|--|--|
| Occupation | |
| Company Name: | |
| Office Address: | |
| | |
| | |
| Office Phone | |

| <u>Acknowledgement:</u> | |
|---|--------------|
| <p>I hereby state that the information and documents provided for purposes of this application are true and accurate to the best of my belief and I undertake to forthwith notify you of any deviation.</p> <p>I understand that the acceptance of this application is partly based on and reliant upon the representation made here by me / us and that any misrepresentation will entitle the terms and / or the enrolment to be reviewed and / or revoked.</p> | |
| Signature: | Date: |
| | |

Please provide photocopies of Parent (or Legal Guardian) and Child's NRIC and Child's Birth Certificate.

| Section 6C Guardian's Details | | | |
|-----------------------------------|--|---|--|
| Relationship to the Child: | | | |
| Preferred contact person | | <input type="radio"/> YES <input type="radio"/> NO | |
| Title | | Name | |
| Home Address | | | |
| Nationality | | NRIC / Passport No | |
| Type of Visa | | Date of Birth | |
| Home phone no. | | Mobile no. | |
| Email | | | |

| Employment Details (please attach a business card if you have one): | |
|---|--|
| Occupation | |
| Company Name: | |
| Office Address: | |
| | |
| | |
| Office Phone | |

| Acknowledgement: | |
|---|--------------|
| <p>I hereby state that the information and documents provided for purposes of this application are true and accurate to the best of my belief and I undertake to forthwith notify you of any deviation.</p> <p>I understand that the acceptance of this application is partly based on and reliant upon the representation made here by me / us and that any misrepresentation will entitle the terms and / or the enrolment to be reviewed and / or revoked.</p> | |
| Signature: | Date: |
| | |

Please provide photocopies of Parent (or Legal Guardian) and Child's NRIC and Child's Birth Certificate.

**SECTION 7 – HOME - SCHOOL COMMUNICATION
IN SPECIAL OR SHARED CUSTODY ARRANGEMENTS**

(To be completed by parents or the legal guardian)

Generally, Sasana International School only shares information relating to the child's learning with parents or the legal guardian. However, we understand that in some special circumstances, there may be a person other than the parents or legal guardian, who needs to be appointed as the main contact person for the school and be sent correspondence, notifications, reminders and reports. If that is the case, please provide details below. Please note that additional administrative charges may be applicable.

| | | | |
|-----------------------------------|--|---|--|
| Relationship to the Child: | | | |
| Preferred contact person | | <input type="radio"/> YES <input type="radio"/> NO | |
| Title | | Name | |
| Home Address | | | |
| Nationality | | NRIC / Passport No | |
| Type of Visa | | Date of Birth | |
| Home phone no. | | Mobile no. | |
| Email | | | |

| | |
|--|--|
| Employment Details (please attach a business card if you have one): | |
| Occupation | |
| Company Name: | |
| Office Address: | |
| | |
| | |
| Office Phone | |

| | |
|---|--|
| Reasons why this arrangement needs to be put in place and this person's relationship to the applicant: | |
|---|--|

I hereby authorize that all necessary school communications and records can and are to be sent to the above-named person and additionally, he / she is authorised by me / us to contact the school directly regarding my child's learning. This authorization shall remain until and unless I notify you in writing otherwise.

| | | | |
|---|--|------------------|--|
| Authorizing Name (guardian/parent): | | Signature | |
|---|--|------------------|--|

SECTION 8 – ENROLMENT TERMS AND CONDITIONS & ITEM CHECKLIST

Please note all information / documents provided will be processed and confidentiality accorded in the manner and on terms and conditions stated in our prevailing PDPA Policy. By submitting this information and documents to us, you are deemed to have read, understood and accepted these terms and conditions.

TERMS AND CONDITIONS OF ENROLMENT:

1. Application for all levels (early childhood, junior, middle and high school) shall be subject to an interview (including assessment of the child).
2. Our Enrolment Officer shall contact you for the interview and assessment arrangements upon submission of the Expression of Interest and Enrolment Application.
3. All enrolment applications are subject to review by the enrolments panel and final approval is by the Principal.
4. Once the applicant is offered a place at Sasana International School, he/she shall be issued an Enrolment Offer Letter.
5. To fully enrol your child as a student at Sasana International School, full payment of the following fees should be made according to the due date issued:
 - Registration fee
 - Enrolment Deposit
 - School fees for the beginning quarter or part thereof
 - Other fees/charges applicable (if any)

Documents Required for Enrolment

Please bring copies of the following to the interview. We reserve the right to request for originals for inspection and / or certified true copies by appropriate personnel:

For Malaysian Student

| Check Box | Item | Description |
|-----------|------|---|
| ✓ | | |
| | 1. | NRIC of Parents (or Legal Guardian) and Child |
| | 2. | Birth Certificate of Child |
| | 3. | Child's recent passport-sized photograph |
| | 4. | For Section 7C, documents evidencing appointment of alternative contact person |
| | 5. | Copies of the school reports for your child over the past two years |
| | 6. | Examples of some of your child's work in main lessons (if transferring from another Waldorf School), arts and crafts (for children applying to classes 2 and above) |
| | 7. | Any relevant reports or assessments on your child relating to their learning (if applicable) |

| For Non-Malaysian Student | | |
|----------------------------------|-------------|--|
| Check Box ✓ | Item | Description |
| | 1. | Six (6) colour passport-size photographs |
| | 2. | Two (2) copies of student's passport (including blank page) |
| | 3. | School leaving / Completion certificate (English translated) |
| | 4. | Certified true copy of academic results (English-translated) |
| | 5. | One (1) certified true copy of student's and both parents' passport (information page & the latest pass information) |
| | 6. | Certified true copy of student's birth certificate |
| | 7. | Certified copy of the student's parents' marriage / death / divorce certificate |

FOR OFFICE USE ONLY

| | | | |
|--------------------|--|-------------|--|
| Verified by | | Date | |
| Approved by | | Date | |
| Remarks | | | |