



WESLEY METHODIST SCHOOL  
KLANG  
(PRIVATE)

# REGISTRATION APPLICATION FORM

Affix Passport-size Photo  
here.

Please complete this form using *BLOCK* letters.

## APPLICANT'S PERSONAL PARTICULARS

Full Name <i>(as on birth certificate)</i>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		Post Code:
Contact:	Home:	Mobile:
Email Address:		
Date of Birth:	Place of Birth:	NRIC No:
Race:	Religion:	Citizenship:

## Information of Previous School

Name of Previous School	Last Form or Standard	Last year of study
Involvement in Previous School Activities	Position Held	

## Additional Information

Medical Attention
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## Siblings in Wesley Methodist School, Klang

	<u>Name</u>	<u>Form</u>	<u>Year</u>
1)			
2)			
3)			

How did you come to know about this school?

Introduced by  a friend  a relative  a WMSK staff  others:

Through promotion  Internet  newspaper  banner displayed  at a booth

## REQUIRED DOCUMENTS

I attach copies of :

<input type="checkbox"/> NRIC	<input type="checkbox"/> 4 pcs of Passport-size Photographs
<input type="checkbox"/> Parents' NRIC	<input type="checkbox"/> Latest School Examination Result/ Report Card
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Kad Kesihatan/ Rekod Kesihatan Murid <i>(Original)</i>
<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Related Course work <i>(as per instruction)</i>

**PARTICULARS OF FATHER**

Full Name :	
NRIC No:	Citizenship:
Occupation:	
Name of Company:	
Office Address	
Post code:	
Contact No: (Office)	(Mobile)
Email Address:	

**PARTICULARS OF MOTHER**

Full Name :	
NRIC No:	Citizenship:
Occupation:	
Name of Company:	
Office Address	
Post code:	
Contact No: (Office)	(Mobile)
Email Address:	

**PARTICULARS OF GUARDIAN**

Full Name :	
Relationship to applicant:	
NRIC No:	Citizenship:
Occupation:	
Name of Company:	
Office Address	
Post code:	
Contact No: (Office)	(Mobile)
Email Address:	

This page must be completed by Parent/Guardian.

**SPECIAL REQUEST (if any)**

**DECLARATION**

I, \_\_\_\_\_ (full name) \_\_\_\_\_ (NRIC No.)

Father

Mother

Guardian

to \_\_\_\_\_ solemnly declare as follows.  
(Applicants' full name)

1. The information provided in this registration application form to be true and correct.
2. To qualify for a place in the school, my child/ward will be required to sit for an entrance assessment test (EAT).
3. All the rules and regulations set by this school will be adhered to strictly. Failing which the school management has the right to terminate the registration of my child/ward.
4. All school matters pertaining to my child will be handled only by my spouse and I with the school management or its assigned official.
5. All fees stipulated by this school will be settled punctually at a scheduled time.
6. The school management is permitted to terminate the registration of my child/ward after a maximum of two times of negotiation should the child/ward be found to be indisciplined beyond control.
7. In case of any accident or emergency happened untoward my child during school hours or activities and when my spouse or I cannot be contacted, I give full permission and authority to the school management to select any medical clinic or hospital to seek immediate medical attention and to the qualified medical officer or personnel for suitable medical treatment or procedures. I also agree that the full expenditure incurred will be borne by me.
8. Utmost support will be given to school work or activity whenever necessary to ensure my child's/ward's progressive development.
9. I consent to my child being photographed or filmed and I give permission to school in using the photo or video for printed publications, website, press events and social media agreed by school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date