



APPLICATION FORM

STUDENT INFORMATION

First Name:			
Middle Name:			
Last Name:			
Gender:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth (dd/mm/yyyy):			
Place of Birth:		Nationality:	
Ppt No./IC No:		Exp Date:	
Religion:			
Place of Issue:			
Have you applied earlier for this child's admission to this school? If yes, please give details:			
Date of proposed entry into The Surin International School :			
Age at the time of proposed entry:		years	months
Language		Level of Fluency (tick one)	
		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/>
		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/>
		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/>
Second language learnt in previous School:			
Mother tongue:			
Language you wish your child to learn as an additional foreign language: For Year 3 and above please circle one: Mandarin/French			
**Malay is compulsory for Malaysian passport holders & optional for non-Malaysians.			

SIBLING INFORMATION

Does your child have any siblings? Please list their names & DOB.

Name	DOB	Current School	Grade Level
1.			
2.			
3.			

If a sibling is studying in The Surin International School, please mention the child's name:

If a sibling is also applying for admission into The Surin International School, please mention the child's name:

CURRENT SCHOOL INFORMATION

Date of attendance (mm/yyyy)	From		to		Year/Standard
Full name of the school:					
Full Address:					
Phone:		Email:			

PREVIOUS SCHOOL(S) DETAILS IF ANY

Name of Institution	Place	Board	Standard/Year	From (yyyy)	To (yyyy)

Academic Strengths & Weaknesses:

Please describe in brief the child's temperament and personality:	
What are the child's hobbies, interests or extracurricular activities?	
Is there any evidence of special learning needs or learning difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please elaborate below. (please be prepared to submit testing reports and recommendations upon successful offer of placement)	
Does the child have any physical disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	
Does the child have any behavioural or psychological problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	
Is the child on any regular medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	
Any other details you consider important that are not covered above:	

HOW DID YOU HEARABOUT US?

Friends/ Relatives

Facebook

Instagram

Website

Leaflets

Agents

Others (please specify)

If you were referred to the school by a parent, please provide their name:

DECLARATION

I declare that I have supplied, to the best of my knowledge, all the relevant information pertaining to my child as requested in this form. I understand and acknowledge that withholding relevant information, which subsequently comes to light, may result in the School withdrawing an offered or accepted place at The Surin International School.

Father/ First Guardian Signature: _____

Date: _____

Mother/ Second Guardian Signature: _____

Date: _____

* Please attach a copy of latest school report to this application form.