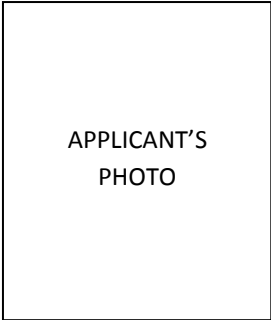




KYS INTERNATIONAL SCHOOL MELAKA
 Peti Surat 495, Poskod 75670 Ayer Keroh, Melaka
 Tel: 06 226 3157 Fax: 06-226 3399
 Laman web: www.kysis.edu.my



APPLICATION FOR ADMISSION

Please complete all sections accurately and enclose the required documentations:

- Recent colour-passport size photograph of the applicant
- A copy of applicant's birth certificate/identity card
- A copy of either parents/guardian identity card
- A copy of academic certificates / transcript
- Supporting documents for income statement eg salary slip

ADMISSION (Please Tick ✓)				
Year of admission To KYS International School	<input type="checkbox"/> 2014	<input type="checkbox"/> 2015	<input type="checkbox"/> 2016	<input type="checkbox"/> 2017

APPLICANT'S PARTICULARS (Please use block letters throughout)				
Full in Full				
IC Number		Date of birth		
Gender (please tick ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place of Birth	
Age		Race		
Applicant's email address		Religion		
Home Telephone		Nationality		
Mobile Number		Height (cm)	Weight (kg)	
Home Address				

ACADEMIC MARKS				
SUBJECTS	LAST EXAM TAKEN			For office use only
	Trial SPM	SPM (Grade)	'O'-Level or others equivalent	
	Year Taken:	Year Taken:	Year Taken:	
1. English				
2. Additional Mathematics				
3. Mathematics				
4. Physics				
5. Chemistry				
6. Biology				
7. Principles of Accounts				
8. Basic Economics				
9. History				
10. Geography				
11.				

All students will study English and Thinking skills. They will also study 4 subjects from the list below. Please number your choice of subject based on preference with (1) being most and (4) being the least.

Mathematics		Biology		Psychology	
Further Mathematics		Chemistry		History	
Accounting		Physics		Economics	

Please indicate possible career choice:.....

CO-CURRICULAR ACTIVITIES

SCHOOL HISTORY					
No.	Name and Address of School	Joined Date	Leaving Date	Standard/Form	Reason of Leaving

Please list the 9 most significant co-curricular achievements in the last 3 years of secondary school: Kindly attached the relevant certificates. *(Please use a separate page for any extra information if necessary)*

Year	Leadership	Club and Societies	Sport and Games
1.			
2.			
3.			

PARENT'S PARTICULARS			
FATHER'S PARTICULARS			
Title (please specify)	Mr/Dr/Tan Sri/ Dato' etc		
Name in Full			
IC Number		Mobile Number	
Age		Office Telephone No.	
Nationality		Office Fax No.	
Email address		Gross income per month	
Occupation		Any other income	<input type="checkbox"/> YES <input type="checkbox"/> NO Please specify
Employer's Name and Address			
MOTHER'S PARTICULARS			
Title (please specify)	Mrs/Dr/Puan Sri/ Datin etc		
Name in Full			
IC Number		Mobile Number	
Age		Office Telephone No.	
Nationality		Office Fax No.	
Email address		Gross income per month	
Occupation		Any other income	<input type="checkbox"/> YES <input type="checkbox"/> NO Please specify
Employer's Name and Address			

GUARDIAN'S PARTICULARS (other than parents, if applicable)			
Title (please specify)	Mr/Mrs/Dr/Tan Sri/Puan Sri/Dato'/Datin etc		
Name			
IC Number		Mobile Number	
Age		Office Telephone No.	
Nationality		Office Fax No.	
Email address			
Home Address			
Relationship to Applicant			
EMERGENCY CONTACT (nearest available relative to KYS International School case of emergency)			
Name		Telephone No.	
Relationship to Applicant		Mobile No.	

Please complete the declaration as accurately as possible

MEDICAL / HEALTH DECLARATION (Please tick and specify wherever applicable)		YES	NO
1	Does your child regularly take any medication at home or during school hours? (if YES please specify)		
2	Does your child have asthma? (if YES please specify what triggers your asthmatic attack and medication)		
3	Is your child a diabetic? (if YES please specify level of diabetic and medication)		
4	Does your child have epilepsy? (if YES please specify frequency and medication)		
5	Does your child have cardiac problems? (if YES please specify problems and medication)		
6	Does your child have any allergy? (if YES please specify allergy and medication)		
7	Does your child have dyslexia? (if YES please specify measure taken)		
8	Does your child have any physical disability? (if YES please specify)		
9	Is your child suffering from any audio/visual impairments? (if YES please specify)		
10	Does your child suffer from any illness that require special medication or attention other than specified above (if YES please specify)		

I, on behalf of my child/guardian, hereby declare that all information given are correct to the best of my knowledge and belief. Falsifying of information will result in my child being rejected or terminated from KYS International School.

Signature of Father/Guardian: _____
Name:
Date

Signature of Mother: _____
Name:
Date:

