



WADI SOFIA SCHOOLS

Binjai, Kubang Kerian, 16150
Kota Bharu, Kelantan, **MALAYSIA.**

T +609 760 7028

email school@wadisofia.edu.my

web www.wadisofia.edu.my

Student's photo

Student Admissions Application Form

- ☐ Wadi Sofia Kindergarten (WaSKID)
☐ Sekolah Tinggi Wadi Sofia (STWaS)
☐ Wadi Sofia International School (WaSIS)

Expected date of enrolment:.....

Level of admission:.....

Student's ID No.:

1. Student Information

Name :

Gender (M/F) : Date of birth (dd/mm/yy) :

Place of birth : City / Country Citizenship :

IC/Passport No : Country issuing :

Date issued : Date expired :

Home address : Home phone :

..... Home fax :

.....

Language(s) : Spoken at home Others

Preferred name for student directory :

2. Family Information

Father

Mother

Parent's name :

Place of birth : City/country City/country

Citizenship :

Will the parents be residing with the student? **Father** ☐ Yes ☐ No

Mother ☐ Yes ☐ No

If No, please provide name of local guardian?
(The guardian must reside in the same residence as the student. As the guardian, you are required to work in partnership with the school (monitor the student's attendance and inform the school if the student is absent, meet with teachers and counselors when required, etc). You are responsible to notify the Admissions Office should the guardianship arrangement be changed or terminated. If the guardianship policy is not met, the student(s) may be asked to leave school)

| Name of siblings: | Age | School/Institution |
|-------------------|-------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. Hostel Accommodation

Does the applicant require hostel accommodation? ☐ Yes ☐ No

(Wadi Sofia provides separate on-campus hostel facilities including food and laundry for both boys and girls from secondary one through A-level. Rooms are furnished. Each room accommodates two students)

4. Parent's Employment Information

| | Father | Mother |
|---|---------------|---------------|
| Designation : | | |
| Company Name : | | |
| Office Address : | | |
| | | |
| | | |
| Work phone : | | |
| Direct line : | | |
| Fax : | | |
| Mobile Phone : | | |
| E-mail address : | | |
| Monthly Income : (Please state currency) | | |

Does the company/organization above pay full tuition fee: ☐ Yes ☐ No ☐ Yes ☐ No

What percentage of fees does the company pay?

5. Emergency Information

Person to be contacted in an emergency if parents are not available. Please use a person outside your household.

Contact Number 1

Contact Number 2

Name:

Address:

.....

.....

Contact No.:

Language preferred/spoken:

6. Student's Educational Information (if applicable)

| Name of school (City/Country) (begin with the most recent year) | Type of Curriculum (American, British/etc) | Attended From/To | Grade/Form/ Standard /Yr | Language of Instruction |
|--|---|---------------------|-----------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

7. Student's Detailed Information

- Has the student previously submitted an application or attended Wadi Sofia schools? ☐ Yes ☐ No Year
- Has the student ever repeated a grade level? ☐ Yes ☐ No Which
- Has the student ever skipped a grade? ☐ Yes ☐ No Which
- Does the student adjust to new situation easily? ☐ Yes ☐ No Explain
- Has the student ever been in an English-as-a-second-language program? ☐ Yes ☐ No Year(s)
- Does the student read for pleasure? Complete homework?
Show independence?
- Other comments to assist the teacher?
.....

8. Mailing and Billing Information

| | Father | | | Mother | | |
|------------------------|-------------------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|---------------------------------|
| School Correspondences | <input type="checkbox"/> Home | <input type="checkbox"/> Office | <input type="checkbox"/> E-mail | <input type="checkbox"/> Home | <input type="checkbox"/> Office | <input type="checkbox"/> E-mail |
| Billing | <input type="checkbox"/> Home | <input type="checkbox"/> Office | <input type="checkbox"/> E-mail | <input type="checkbox"/> Home | <input type="checkbox"/> Office | <input type="checkbox"/> E-mail |

9. Parental Agreement

In registering my child at Wadi Sofia Schools I agree to conform to the rules and procedures of the school as established by the Board of Directors and the Administration. In addition, I recognize that communication between school and home is vital, particularly at times of emergencies or crises.

Full and accurate information on my child/children is important for the Admissions staff to properly assess school's ability to provide an appropriate educational program. The withholding of records, especially those indicating that he or she has special needs or educational handicaps may delay the admission process and the placement of my son or daughter into the school and ultimately could result in either the denial of admission or in the case of my child already enrolled, the reversal of the decision.

Signature: Date:
(Parent / Guardian)

FINANCE'S DECLARATION

- i. I agree and promise herewith to pay all fees owing to the school within the due date imposed. Should I fail to settle them, I also agree to pay any late payment penalty or any other payment(s) related to the late payment as imposed by the school.*
- ii. I agree that the school shall have the right to demand any outstanding payment stated above in the event that my child leaves the school before the completion of his/her study.*
- iii. I also understand and agree that notwithstanding the completion or non-completion of study, the school will pursue/demand any outstanding payments owing to the school after my child has left the school. I agree that the school may engage any third party to collect on its behalf, any outstanding payment from me and thus I give my consent herewith for my relevant information to be disclosed to the said Third Party(s) by the school.*
- iv. I acknowledge and agree that the school has the right to revise its internal regulations including its fee structures, whenever deemed necessary, without any prior notification to be given. I agree to follow the revised/new regulations and fees accordingly.*
- v. I acknowledge and agree that I am providing valid contact information to facilitate any transactions during and after the completion of my child's study and I will update the school should there be any changes.*
- vi. If I do not claim for the refund of School Fee Deposit and any excess payment within one year from my child's completion date, I hereby consent to the said unclaimed deposit to be donated to the school.*

.....
Signature of parent/Guardian

.....
Date



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Health Record

**FAILURE TO DISCLOSE ACCURATE INFORMATION ABOUT YOUR CHILD'S MEDICAL HISTORY MAY
RESULT IN UNNECESSARY DELAY WHEN SEEKING EMERGENCY MEDICAL TREATMENT**

1. Student's name :

Preferred name :

Date of birth : Sex : Class :

2. Medical history (e.g. Diabetes, Asthma, Epilepsy, G6PD, Migraine, Eczema)

.....

3. Past surgery/s (please indicate date/s)

.....

4. Regular medication (specify name/s and dosage)

.....

5. Allergy to food, drinks, others

6. Other relevant problems (physical, visual, hearing, speech, others)

.....

7. Immunisations

| | <i>Date</i> | <i>Date</i> | <i>Date</i> | <i>Date</i> |
|---------------------------|-----------------|-----------------|-----------------|--------------------|
| Triple Vaccine / Polio | 1 st | 2 nd | 3 rd | Booster |
| Hepatitis B | 1 st | 2 nd | 3 rd | <u>Blood Group</u> |
| Hepatitis A | 1 st | 2 nd | 3 rd | |
| Measles / Mumps / Rubella | | Typhoid | | |
| B.C.G. | | Others | | |

8. Family doctor : Tel :

Address :

9. Emergency no. father's : (H) (O) (H/P)

Emergency no. mother's : (H) (O) (H/P)

If either parent is not reachable, call (name) Tel :

Relationship to student H/P

10. Consent for First Aid

Early years department : Oral paediatric paracetamol (for pain & fever), Isotonic drinks (for fluid replacement), Bronchodilators (for asthmatics)

Primary / Secondary department : Analgesics & Antipyretics (for pain & fever), Antacids (for gastric pain), Antiemetics (for vomiting), Antispasmodics (for menstrual problems), Bronchodilators (for asthmatics), Anti-Flatulence (for gas in intestine) and Optrex Eye Drops.

Please sign below to give consent for the above medication to be given to this student, if it is thought necessary by the school.

Signature of parent / guardian Date :

Name