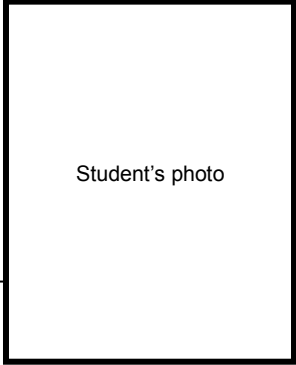




WADI SOFIA SCHOOLS

Binjai, Kubang Kerian, 16150
Kota Bharu, Kelantan, **MALAYSIA.**
T +609 764 1724 **F** +609 764 1187
email school@wadisofia.edu.my
web www.wadisofia.edu.my



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

	<i>Father</i>	<i>Mother</i>
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 : <i>(Please state currency)</i>

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

1. Has the student previously submitted an application or attended Wadi Sofia schools? Yes No Year

2. Has the student ever repeated a grade level? Yes No Which

3. Has the student ever skipped a grade? Yes No Which

4. Does the student adjust to new situation easily? Yes No Explain

5. Has the student ever been in an English-as-a-second-language program? Yes No Year(s)

6. Does the student read for pleasure? Complete homework?

Show independence?

7. 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 College 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:.....
(Parent / Guardian)

Date:



WADI SOFIA SCHOOLS

Binjai, Kubang Kerian, 16150
Kota Bharu, Kelantan, **MALAYSIA.**
T +609 764 1724 **F** +609 764 1187
email school@wadisofia.edu.my
web www.wadisofia.edu.my

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	Blood Group
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