



WMSSP Entrance Assessment Test (EAT)

(For New Intake)

APPLICATION FORM

Tel: 06-762 0068/ 010-2199377 Email: info@sbn.wms.edu.my Application Fee Paid: (✓ / X)

Venue: Wesley Methodist School Seremban (Private)/ Online

Day/ Date: By appointment

State the day/ date your child will take the EAT: Time:

STUDENT PARTICULARS

Name: Gender: Male Female

Date of Birth: / / (DD/MM/YY)

Current School:

Home Address:

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CONSENT OF PARENT / GUARDIAN

To the Principal of Wesley Methodist School Seremban,

I hereby apply for my child / ward as named above for the WMSSP Form 1 / 2 / 3 / 4 / 5 * Entrance Assessment Test to be held at your school premise/ via online. * Circle the level.

I undertake not to hold Wesley Methodist School Seremban (Private), its officials, or assigns liable for any claim or loss arising as a result of any untoward incident during the entire event.

Signed by: Date:

Full Name:

Relationship: Father Mother Guardian Others:

Contact No.: Email Address:

Note - Payment can be made by cheque to Sekolah Methodist Wesley Seremban or Online Transfer to Acc. No. 3117484830 (Public Bank). Please notify the school when the fee has been transferred / banked in to the school account.

For Office Use Only			
Received by:	Receipt Number:	Amount (RM):	Date: