



**WESLEY METHODIST SCHOOL  
SEREMBAN  
(PRIVATE)**

# REGISTRATION & APPLICATION FORM

Affix Passport-size Photo here.

Please complete this form using **BLOCK** letters.

## APPLICANT - PERSONAL PARTICULARS

Full Name (as on birth certificate)

Gender:  Male  
 Female

Home Address

Post Code:

Contact: Home:  Mobile:  Email Address:

Date of Birth:  Place of Birth:  NRIC No:

Race:  Religion:  Citizenship:

## Information of Previous School

Name of Previous School  Last Form or Standard  Last year of study

Involvement in Previous School Activities  Position Held

## Additional Information

Medical Attention

How did you come to know about this school?

Introduced by  a friend  a relative  a WMSS staff  others:

Through promotion  Internet  newspaper  banner displayed  at a booth

## REQUIRED DOCUMENTS

I attach copies of

NRIC

Birth Certificate

School Leaving Certificate

4 pcs of Pasport-size Photograph

UPSR Results

PT3 Results

SPM Results

Latest School Examination Result

Related Course work (as per instruction)

### PARTICULARS OF FATHER

Full Name *(as on birth certificate)*:

NRIC No:

Citizenship:

Occupation:

Name of Company:

Office Address

Post code:

Contact No: (Office)

(Mobile)

Email Address:

### PARTICULARS OF MOTHER

Full Name *(as on birth certificate)*:

NRIC No:

Citizenship:

Occupation:

Name of Company:

Office Address

Post code:

Contact No: (Office)

(Mobile)

Email Address:

### PARTICULARS OF GUARDIAN

Full Name *(as on birth certificate)*:

Relationship to applicant:

NRIC No:

Citizenship:

Occupation:

Name of Company:

Office Address

Post code:

Contact No: (Office)

(Mobile)

Email Address:

*This page must be completed by Parent/Guardian.*

**SPECIAL REQUEST (if any)**

**DECLARATION**

I, \_\_\_\_\_ (full name) \_\_\_\_\_ (NRIC No.)  
 Father       Mother       Guardian

to \_\_\_\_\_ (Applicants' full name) solemnly declare as follows.

1. The information provided in this registration application form to be true and correct.
2. To qualify for a place in the school, my child/ward will be required to sit for an entrance assessment test.
3. All the rules and regulations set by this school will be adhered to strictly. Failing which the school management has the right to terminate the registration of my child/ward.
4. All school matters pertaining to my child will be handled only by my spouse and I with the school management or its assigned official.
5. All fees stipulated by this school will be settled punctually at a scheduled time.
6. The school management is permitted to terminate the registration of my child/ward after a maximum of two times of negotiation should the child/ward be found to be indisciplined beyond control.
7. In case of any accident or emergency happened untoward my child during school hours or activities and when my spouse or I cannot be contacted, I give full permission and authority to the school management to select any medical clinic or hospital to seek immediate medical attention and to the qualified medical officer or personnel for suitable medical treatment or procedures. I also agree that the full expenditure incurred will be borne by me.
8. Utmost support will be given to school work or activity whenever necessary to ensure my child's/ward's progressive development.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY**

**Entrance Assessment Test Results**

Subject	Score	Status	Remarks
Bahasa Malaysia			
English Language			
Mathematics			

**Remarks on Interview/Counselling**

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**Registration Details**

**Start Date:** .....

**Status:**

Approved

Not approved

*Justification (if any)*

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Student's Registration No:	Registration Fee Paid RM:	Security Fee Paid RM:
Date:	Receipt No:	Receipt No:

**Principal's Endorsement**

<i>Signature</i>	<i>Full Name</i>	<i>Date</i>

*School Stamp:*