



MELAKA INTERNATIONAL SCHOOL

APPLICATION FOR ADMISSION

Please complete the application form and forward to:

Lot 363 Jalan Siantan 1/3
Taman Siantan
75250 Melaka
Malaysia

Tel 0060-6-3368781/4/5
Fax 0060-6-3368789

Passport size
Photograph

PERSONAL DETAILS

Name of Pupil: _____

Gender (M/ F): _____ Age: _____ Date of Birth (dd/mm/yy): _____

Place of Birth: _____
(City) (State) (Country)

Passport Number: _____ Date of Expiry: _____

NRIC Number: _____ Nationality: _____

Name and address of school last attended:

| Name of the School | Address | Curriculum type | Language of Instruction |
|--------------------|---------|-----------------|-------------------------|
| | | | |

Dates of Attendance: _____
(Date enrolled) (Date withdrawn)

Name and Address of previous schools attended (include transcripts and/or report cards for all schools attended)

| Name of the School | Address | Curriculum type | Language of Instruction |
|--------------------|---------|-----------------|-------------------------|
| | | | |

FAMILY DETAILS

Name of Father: _____

Passport/NRIC Number: _____ Father's Home Language: _____

Email Address: _____ Nationality: _____

Name of Mother: _____

Passport/NRIC Number: _____ Mother's Home Language: _____

Email Address: _____ Nationality: _____

Home Address in Malaysia: _____

Tel No: _____

(Office)

(House)

(Mobile)

Permanent Address: _____

Tel No: _____

COMPANY DETAILS

| | Father | Mother |
|-----------------|--------|--------|
| Company Name | | |
| Company Address | | |
| Position | | |
| Phone Number | | |
| Fax Number | | |

Billing Address for School Fees (mark "X"): Home Address () Business Address ()

GUARDIAN

(Please fill in if the student is not living with parents (acceptability of non-family guardian is subject to approval)

Name: _____ Email: _____

Address: _____

Telephone No: _____ Mobile No: _____

Designation: _____ Relationship: _____

EMERGENCY CONTACT

(Person in Melaka/Malaysia to call in case of emergency)

Name: _____ Email: _____

Address: _____

Telephone No: _____ Mobile No: _____

Designation: _____ Relationship: _____

SIBLINGS

Name and ages of siblings (if a sibling attends Melaka International School, also indicate the grade)

| Name | Age | Grade |
|------|-----|-------|
| | | |

In registering my son/daughter at Melaka International School I agree to conform to the rules and regulations established by the administration of the school. Also, I hereby certify that all the information given above is true and complete to my knowledge. I understand that supplying false information may result in a place being withdrawn.

Signature: _____

Date: _____

Name: _____

| |
|--|
| Hostel required (yes/no): (If yes, please complete the hostel application form) _____ |
|--|

For Office use:

Application Received (dd/mm/yy): _____ Enrolment Ref No: _____

Enrolment to (class/academic year):

Enrolment date: _____

Application Status (mark "X"): Accepted Rejected

Application processed/
verified _____

Name of Officer(s) / Signature(s)

Date: _____
