



REAL INTERNATIONAL SCHOOL
 Lot No. 7, Jalan Merah Saga U9/5
 40250 Shah Alam, Selangor
 Tel : +60-3-78463985
 Fax : +60-3-78463980
 E-mail : admissions@real.edu.my
 Website : www.real.edu.my



APPLICATION FOR ADMISSION

Please complete all sections of this form accurately and enclose with:

- A recent colour passport-size photograph of student, father, mother and guardian (if applicable).
- A copy of the student's birth certificate, passport, identity card (Malaysian), student/dependent pass (non-Malaysian).
- A copy of both parents' and guardian (if applicable) passport / identity card.
- The most recent year's school report and testimonial regarding character and ability from the Principal / Class Teacher.
- A non-refundable Application Fee.

Payment via cheque/bank draft in favour of "EDUCATION VENTURES SDN BHD".

(PLEASE USE BLOCK LETTERS THROUGHOUT)

Year taken: _____

STUDENT PARTICULARS (As in passport)

Name: _____ Preferred Name: _____
(Surname) (First & Middle Name)

Passport / NRIC: _____ DOB: __DD__MM__YY Male Female

Birth Cert No: _____ Country of Birth: _____ Nationality: _____

Race: _____ Religion: _____
(Malaysian only)

Language spoken at home: _____ Other Languages: _____

Student resides with: Both parents Father Mother Guardian

Home Address: _____ Tel: _____

_____ Fax: _____

_____ Email: _____

Attention Correspondence and Bills to (Name): _____

Send to: Home Father's Office Mother's Office Other _____
(Please specify)

FOR OFFICE USED ONLY

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Mainstream | <input type="checkbox"/> Accept | <input type="checkbox"/> Offer |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Conditional | <input type="checkbox"/> Cancel |
| | <input type="checkbox"/> Reject | |

Comments

Semester _____

Class _____

House _____

MOE _____

Status _____

 Head of KS
 Date:

 Head of School
 Date:

 Admissions Mgr
 Date:

FAMILY PARTICULARS

PARTICULAR	FATHER	MOTHER <small>(To be filled up if the particulars differ from Father's)</small>
Name <i>(as in passport)</i>		
NRIC / Passport No.		
Nationality		
Mobile No.		
E-mail		
RESIDENTIAL		
Home Address		
Tel. No.		
Fax No.		
OFFICE		
Designation		
Name of Company		
Office Address		
Tel. No.		
Fax No.		
E-mail		

GUARDIAN PARTICULARS

Name of Guardian: _____ Relationship with student: _____
(As in passport)

Passport / NRIC: _____ Nationality: _____

Birth Cert No: _____ Country of Birth: _____ Nationality: _____

Home Address: _____ Tel: _____
 _____ H/P: _____
 _____ Email: _____

Company Name: _____ Tel: _____ Fax: _____

Company Address: _____

Designation: _____ Email: _____

EMERGENCY CONTACT (If parents are not reachable in case of an emergency)

Name: _____ Tel: _____

Relationship to student: _____ H/P: _____

SIBLING INFORMATION

No.	Name	Age	Grade / Level	Name of School

STUDENT'S PREVIOUS SCHOOLS INFORMATION *(Beain with most recent)*

Name of School	Joining Date	Leaving Date	Grade / Level	Reason for Leaving

STUDENT'S INFORMATION

1. Has the student been placed out of the age group for his/her age? YES NO
If YES, please give details _____

2. Has the student been involved in serious disciplinary action? YES NO
If YES, please give details _____

3. Does the student have any physical disabilities, learning difficulties or psychological needs? YES NO
If YES, please give details _____

4. Has the student received any learning support? YES NO
If YES, please give details _____

5. Does the student suffer from any major illness / is currently taking long term medication? YES NO
If YES, please give details _____

6. Has the student been in an English as a Second Language Programme? YES NO
If YES, please give details _____

7. Has the student any special skills or interest (sports, music, drama, dance, art, etc.)? YES NO
If YES, please give details _____
List other interests / hobbies _____

8. Friendship patterns

a) Makes friends easily and quickly		<input type="checkbox"/>
b) Prefers a small group of close friends		<input type="checkbox"/>
c) Is initially shy with people		<input type="checkbox"/>
d) Seems to prefer older / younger children		<input type="checkbox"/>
e) Has difficulty in making friends		<input type="checkbox"/>

9. I would like the student to commence school in

a) Semester I	January to December 20.....	<input type="checkbox"/>
b) Semester II	July 20..... to June 20.....	<input type="checkbox"/>

10. Any other information you would like the School or Class Teacher to take note about the student:

11. How did you hear of REAL International School? _____

12. Why did you choose REAL International School? _____

13. Have you applied for a place in another international school in Klang Valley? YES NO
If YES, please give details _____

14. Which school is your first choice? _____

15. What is the likely duration of stay in Kuala Lumpur, Malaysia? _____

PAYMENT RECORD (To be complete only if payment of school fees is not made by parents)

Name: _____ Tel: _____
Address: _____ Fax: _____
_____ H/P: _____
Relationship to student: _____ E-mail: _____

REFUND OF MONIES (For the purpose of cheque payment if all conditions pertaining to the refund are adhered to)

All monies refundable under the conditions governing enrolment and admissions shall be made payable to _____

CONDITIONS GOVERNING ENROLMENT AND ADMISSIONS

All parents are advised to read the policies and conditions governing enrolment and admissions to REAL International School set out below. Please sign on pages 5 & 7 in acknowledgement and acceptance of the conditions.

1. The application for admission form must be accompanied with a crossed cheque or bank draft made payable to “**EDUCATION VENTURES SDN BHD**” for an application fee at the rate then applicable. The sum paid is non-refundable and non-transferable. The difference of the application fee (if applicable), is payable prior to a scheduled assessment test.
2. The Application Fee is valid for 18 months from the receipt date and does not constitute a guarantee of admission to the school.
3. The parent accepts that admission and placement of the child is generally determined by the child’s age in accordance to the “Year Group Placement” schedule and/or otherwise at the discretion of the Head of School.
4. The school reserves the right to place the child in a class which the Head of School deems academically and developmentally suitable to the child’s needs at anytime during the duration in the school. This may include a repeat of an academic year.
5. Admission to the school is dependent upon the School’s belief that the child will benefit from the curriculum offered and that his/her admission will not have a detrimental effect upon the education of existing students.
6. On being offered a place, the parent shall pay immediately the required school fees (including refundable deposit) at the rate applicable for the semester for which the place is offered. (See fee schedule for details). Please note that fees are normally reviewed on an annual basis and that the fees indicated on the current fee schedule may not be the fees applicable for the semester for which the place is offered.
7. Fees for subsequent semester are to be paid on or before the commencement of each semester. Students are not allowed to attend class unless all fees payable are paid.
8. Terms and conditions for withdrawal:
 - a) **I agree that before I withdraw my child/ward out of the School for whatsoever reasons, a six (6) months notice in writing must be given to the school on or before the commencement of the academic semester in which I intend to withdraw my child/ward from the School. Failure to give the required notice will result in the forfeiture of the deposit.**
 - b) In the event the child has had a long term absence, condition no. 7 is still applicable.
 - c) Provisional notice of withdrawal is not accepted.
9. I hereby agree that all monies refundable under the conditions hereof shall be claimed by me within twelve (12) months from the date my child/ward ceases to be student of the School, failing which you shall be entitled and I hereby authorize you to transfer the said monies into the School Development Fund and further confirm that I shall have no claim in respect of such monies whatsoever.
10. Where a child has been withdrawn from the School and applies for re-admission, no admission fee will be payable if the child is re-admitted within two (2) semesters from the semester the child depart from the School. The application fee, re-admission fee, security deposit, school fee and other fees payable is required prior to re-admission. If the re-admission takes place after two (2) semesters of withdrawal, full enrolment fees will be payable at the prevailing rate of the re-admission date.

11. The School may require at any time the withdrawal of a child from School for any reason at the discretion of the Head of School. Reasons may be include matters related to the child's misconduct or the child's inability to participate in or benefit fully from the School's curriculum.
12. For Malaysian passport holders, admission to, and continued status as a student at the School in Year 1 to 11, is conditional on the child possessing a valid approval letter issued by the Malaysian Ministry of Education.
13. For non-Malaysian passport holders, admission to, and continued status as a student at the School, is conditional on the child possessing a valid visa issued by the Malaysian Immigration Department. The parent shall undertake to keep the School informed of any change in the status during the child's enrolment at the School.
14. In the event of any emergency, where neither parent can be contacted to give consent, the Head of School may authorise the medical examination of a child, the calling of further medical or specialist advice, or removal of the child to a clinic/medical centre, all expenses thereby incurred will be on the parent's account.
15. The parent accept that neither the School nor the management shall be responsible for any personal injury or liable for any loss or damage of any kind whatsoever which the child may sustain at any time either within the School premises or elsewhere which is not attributable to the negligence of the school, its officers or employees.
16. The parent expressly authorise the School to receive and/or collect and/or publish the results from Cambridge International Examination (CIE) Board on behalf of the student.
17. The parent also authorise the School to use any image of the student for any promotional activities so long as the image forms part of the school activities.

AGREEMENT

I/We have read and accepted the policies and conditions governing admission of my/our child/ward into this school, acknowledging that withholding relevant information relating to my/our child's/ward's physical, medical or educational needs may affect my/our child/ward being offered or maintaining a place with the School. I/We undertake to inform the School immediately of any change in the particulars relating to this application or of my/our wish to cancel it. I/We further undertake:

1. To pay each semester's fees on or before the commencement of each semester;
2. To pay such increased fees as may be approved by the Board of Directors;
3. To pay such fees as are necessary to top up the security deposit to maintain its equivalence to the school fee and shall not treat it as a payment of set-off for semester fees.

Signature of Father	Signature of Mother	Signature of Guardian/Witness
_____	_____	_____
Name: _____	Name: _____	Name: _____
PP/ NRIC: _____	PP/NRIC: _____	PP/NRIC: _____
Date: _____	Date: _____	Date: _____

For Office Use Only

Application received on: _____ Student No.: _____

Assessment Date/Time: _____ Admission Date: _____

Ministry of Education Reference No.: KP(JPS)5195/INT/D/48/JLD _____ / () Date: _____

Application Fee: RM _____ Inv/ Rcpt No.: _____ / _____ Date: _____

Invoice No. : _____	Date: _____	Admission Fee : RM _____
Total Invoiced: _____	By : _____	Security Deposit: RM _____
Receipt No. : _____	Date : _____	School Fee : RM _____

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 - b. In the event the child has had a long term absence, condition no. 7 is still applicable.
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3. To pay such fees as are necessary to top up the security deposit to maintain its equivalence to the school fee and shall not treat it as a payment of set-off for semester fees.

Signature of Father

Signature of Mother

Signature of Guardian/Witness

Name: _____

PP/ NRIC: _____

Date: _____

Name: _____

PP/NRIC: _____

Date: _____

Name: _____

PP/NRIC: _____

Date: _____

REAL INTERNATIONAL SCHOOL

PLEASE COMPLETE THIS FORM ACCURATELY, IF QUESTIONS ARE NOT APPLICABLE, PLEASE INDICATE APPROPRIATELY. FAILURE TO DISCLOSE ACCURATE INFORMATION ABOUT YOUR CHILD'S MEDICAL HISTORY MAY RESULT IN UNNECESSARY DELAY WHEN SEEKING EMERGENCY MEDICAL TREATMENT.

1. Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male / Female Class: _____

2. Medical History (Diabetes, Asthma, Epilepsy, G6PD, Eczema, etc.)

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

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

5. Allergy to Drugs (specify name/s) _____
 Allergy to Food, Drinks, Others _____

6. Other relevant problems (Physical, Visual, Hearing, Speech, Others)

7. Immunisations	Date	Date	Date	Date
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 Nos. – Father's _____ (H) _____ (O) _____
 (M)

Emergency Nos. – Mother's _____ (H) _____ (O) _____
 (M)

If either Parent is not reachable, call (Name) _____ Tel. _____
 Relationship to Student _____ H/P _____

10. Consent for First Aid

Early Years Dept:- Oral paediatric paracetamol (for pain & fever), Isotonic drinks (for fluid replacement), Bronchodilators (for asthmatics)

Primary / Secondary Dept:- 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 Opetrex 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 Nurse.

Signature of Parent / Guardian _____ Date _____

Name _____

KINDLY INFORM THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE STUDENT'S HEALTH OR MEDICATION.