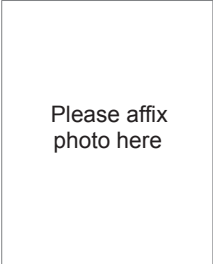




Silverbull Sdn. Bhd.
No. 2-2, Jalan 3/152, Taman Perindustrian OUG,
Batu 6, Jalan Puchong, 58200, Kuala Lumpur
Tel: 03-7782-4925 | 016-416-1892 | 017-236-7741

Personal Data - Child

Family name _____
First name _____
Date of birth (DD/MM/YYYY) _____ Sex M F
Nationality _____ Place of birth _____
Proposed date of entry _____
Does the child have brothers / sisters in (or applying to) the school? Please Give names _____



Home Address

Street _____
City _____
Postal code _____
Country _____
E-mail _____ Telephone _____

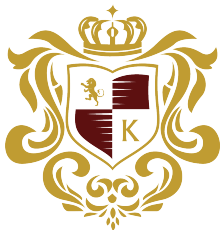
Personal Data - Family

Parent / Guardian last name _____ First name _____
Relationship to child _____
Nationality _____ Languages spoken _____
Mobile telephone _____
Employer _____ Position /Function _____
Address _____

Telephone _____ Email _____

Parent/Guardian lastname _____ First name _____
Relationship to child _____
Nationality _____ Languages spoken _____
Mobile telephone _____
Employer _____ Position /Function _____
Address _____

Telephone _____ Email _____



How did you hear about us? Employer /Business contact. Website. Facebook Friend Other

If other, please specify _____

Language

Mother tongue (first language) _____

How many years of school has your child had in this language? _____

What language(s) does your child speak at home? _____ To

parents/guardians _____ To brothers / sisters _____ To

grandparents _____ To care-givers _____

What language(s) are spoken to your child? _____ By

parents/guardians _____ By brothers / sisters _____ By

grandparents _____ By care-givers _____

Which languages is your child studying at school? _____

English as an Additional Language (EAL)

Please complete the following section if your child and family usually speak a language other than English at home.

Has your child studied English? Yes No Please indicate years and hours perweek _____

Received EAL /ESL support? Yes No Please indicate years and hours perweek _____

Schooling History

Present school _____ Dates attended _____

Address _____ Grade(s) _____

_____ Language of instruction _____

_____ Telephone _____

Previous school 1 _____ Dates attended _____

Address _____ Grade(s) _____

_____ Language of instruction _____

_____ Telephone _____

Previous school 2 _____ Dates attended _____

Address _____ Grade(s) _____

_____ Language of instruction _____

_____ Telephone _____

What are your child's extra-curricular interests/hobbies? _____

Has your child ever experienced academic/social/emotional/behavioural difficulties in school? Yes No

If yes, please explain _____

Has your child ever received or been recommended for extra support in or outside of school? Yes No

If yes, please explain _____



Has your child ever received

Psychological assessment	Yes	No	Physical therapy	Yes	No
Occupational therapy	Yes	No	Speech and language	Yes	No

If you have answered yes to any of the above, please include reports of tests of the therapy.

I declare that all information provided is correct and understand that false, inaccurate or misleading information could result in the student's withdrawal from school.

ADMISSION

This signed application form does not oblige the school to accept your child. However, once you have been notified of your child's placement decision and the Registration and relevant term fees have been paid a contract is deemed to exist between the school and the parent/guardians, provided that the conditions outlined in the school prospectus and the school regulations are observed .

The school reserves the right to place your child in the Year level deemed to be the most appropriate, within the bounds of Malaysia's' Ministry of Education guidelines.

SCHOOL FEES

1. The non-refundable Application Fee is required to process your child's application.
2. For new and continuing students a non- refundable registration fee will be charged.The school will advise of the amount and due date .
3. In order to register your child in the new academic year, you are required to pay the balance of the first term fees at least one month before the beginning of the school year.
4. A student may not start the academic year unless the first term fees have been paid in full.
5. The school reserves the right to withhold the term report until fees have been paid in full.
6. The school reserves the right to withhold the final results and abstain from issuing any certificates until settlement of all school fees is made .
7. Re- registration will not be accepted unless all fees due have been paid in full.

TUITION REFUND POLICY

Notice of student withdrawal and application for a tuition refund at the request of the parent/guardian must be made in writing to the school Principal. Existing student withdrawal prior to the start of the academic year

If the student has NOT attended ANY classes, the balance of the first term fee paid is refunded minus any registration fee made for placing the student on the school's official class list. This refund is subject to approval by the Principal.

I. New student withdrawal prior to start of the academic year

If you are a new student and have NOT attended any classes, but have paid the full term fees , the school will refund the fees minus the deposit paid as outlined in the offer letter.

III. Student withdrawal during the school year

Fees will be charged for one **full month** if a student attends school for **two weeks or less** . Fees will be charged for **two full months** if a student attends school for more than **two weeks** and less **than one month**.

Fees will be charged for the **entire school term** if a student attends school for **more than one month** .

Kindly note that school fees are possibly subject to change and will be published on the school website.

INDEMNITY

I agree to my child participating in any educational activities arranged by the school. This includes any field trips out of the school. In the event

of injury to my child or damage to the property of my child while he or she is participating in such activities, or while on the school premises or being transported to or from the school, I will not hold the school or any member of the school staff responsible . The school undertakes,

in the event of an emergency , to make every effort to contact the parents . If this is not possible the child will be taken either to his /her family doctor, or to a suitable hospital for treatment .



PHOTOGRAPHY AND VIDEOGRAPHY

I give permission for myself and my child/ren to be used in school publications, marketing material and in social media. If you wish to opt out please contact the school directly.

DECLARATION

I, _____Parent/Guardian) _____(name of child) certify that I have read the above policies and agree to abide by them . I declare that all the information provided in the application form is true, correct and complete and has been offered freely. I also confirm that if information is found to be incorrect the school reserves the right to withdraw any offer of a place, even after a child has commenced the school. I agree to support the School Policies and any sanctions that may be deemed appropriate concerning my child/ren .

Furthermore, I hereby authorize the transfer of this information to the school's electronic database.

Signature of Parent or Guardian

Date

FOR OFFICE USE ONLY

Date received _____ Grade apply _____

Year of entry _____ Starting date _____

Family ID _____