



# ITQAN INTEGRATED ISLAMIC SCHOOL

Passport Photo  
(4 copies)

## PRIMARY SCHOOL REGISTRATION FORM

No.9 Lorong SS22/32A, Off Jalan SS 22/32, Damansara Jaya,  
47400 Petaling jaya, Selangor D.E  
Tel: 03-77256160 / 0169962426 Fax: 03-77256170

FOR OFFICE USE ONLY

NAME OF STUDENT : \_\_\_\_\_

REGISTRATION NUMBER : \_\_\_\_\_

Registration Date	Class Allocation	Homeroom Teacher

1. Please complete the form using **CAPITAL LETTERS**.

2. Please submit with this form the following:

- I. 4 recent passport sized photograph of the child.
- II. Recent passport sized photograph of each parent
- III. Official School leaving certificate
- IV. Copy of identity card and birth certificate or passport
- V. Copy of academic and co-curricular report for the last 3 years.
- VI. Copy of the parents' business cards.

\* Registration and semester fees payable to **ATQAN EDUCATION SDN BHD**.

**A. STUDENT'S PARTICULARS**

- 1. Full name : \_\_\_\_\_  
(as stated in Birth Certificate / I.C / Passport)
- 2. Birth Certificate No. / I.C. No. / Passport No : \_\_\_\_\_
- 3. Date of Birth : \_\_\_\_\_
- 4. Age : \_\_\_\_\_
- 5. place of Birth : \_\_\_\_\_
- 6. Gender : \_\_\_\_\_
- 7. Nationality : \_\_\_\_\_
- 8. Telephone No.: \_\_\_\_\_
- 9. E-mail : \_\_\_\_\_
- 10. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Previous schools attended:

No.	School	Year

- 12. Spoken language : i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

**B. SIBLINGS INFORMATION**

Child number \_\_\_\_\_ of \_\_\_\_\_ siblings

No.	Sibling's Name	Date of Birth	School

**C. MEDICAL HISTORY**

1. Does your child have any allergies:

	Yes	No	Please state
a. Medicine	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Immunization	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Others	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. Does your child have/had any of illness/problem:

	Yes	No	Please state
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Others	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Name and address of family doctor: \_\_\_\_\_  
\_\_\_\_\_

4. Persons to contact in case of an emergency:

a. Name : \_\_\_\_\_

Relation : \_\_\_\_\_

Telephone : \_\_\_\_\_ H/Phone : \_\_\_\_\_

E-mail : \_\_\_\_\_

b. Name : \_\_\_\_\_

Relation : \_\_\_\_\_

Telephone : \_\_\_\_\_ H/Phone : \_\_\_\_\_

E-mail : \_\_\_\_\_

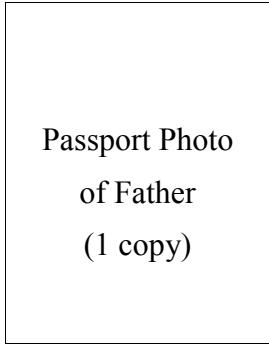
5. In the event of any medical emergency, and if the school is unable for whatever reason, to contact the parent/guardian of the student concerned, or whilst waiting the arrival of the parent or the medical practitioner of choice, the school is hereby authorized to seek medical attention for the student from the nearest available practitioner or hospital. The school or its staff shall not be liable by the medical treatment administered or cost incurred by such medical practitioner or hospital.

**D. IMPORTANT ADDITIONAL INFORMATION**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Academic :   |                          |                          |
| Has your child ever been promoted out of the normal group for his/her age?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Discipline :   |                          |                          |
| Has your child ever been suspended or expelled from school?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sports :   |                          |                          |
| Has your child any special skill or interest in sports?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. General :  |                          |                          |
| Has your child ever received special academic, social or emotional support? | <input type="checkbox"/> | <input type="checkbox"/> |

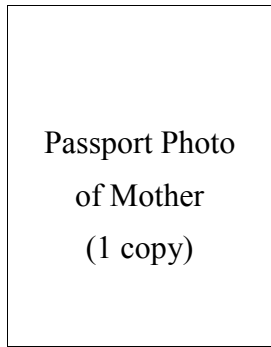
**E. PARENT'S INFORMATION**

**A. Father**



- 1. Father's Name : \_\_\_\_\_
- 2. I.C. No. / Passport : \_\_\_\_\_
- 3. Nationality : \_\_\_\_\_
- 4. Highest Education : \_\_\_\_\_
- 5. Occupation : \_\_\_\_\_
- 6. Employer : \_\_\_\_\_
- 7. Nature of Business : \_\_\_\_\_
- 8. Office Address : \_\_\_\_\_
- 9. Tel. No. : \_\_\_\_\_
- 10. Fax : \_\_\_\_\_
- 11. Mobile number : \_\_\_\_\_
- 12. E-mail : \_\_\_\_\_
- 13. Total family income : \_\_\_\_\_
- 14. Specimen signature : \_\_\_\_\_

**B. Mother**



15. Mother's Name : \_\_\_\_\_

16. I.C. No. / Passport : \_\_\_\_\_

17. Nationality : \_\_\_\_\_

18. Highest Education : \_\_\_\_\_

19. Occupation : \_\_\_\_\_

20. Employer : \_\_\_\_\_

21. Nature of Business : \_\_\_\_\_

22. Office Address : \_\_\_\_\_

23. Tel. No. : \_\_\_\_\_

24. Fax : \_\_\_\_\_

25. Mobile number : \_\_\_\_\_

26. E-mail : \_\_\_\_\_

27. Total family income : \_\_\_\_\_

28. Specimen signature : \_\_\_\_\_

## F. GUARDIAN'S INFORMATION

1. Name : \_\_\_\_\_

2. I.C. No. / Passport : \_\_\_\_\_

3. Nationality : \_\_\_\_\_

4. Relation : \_\_\_\_\_

5. Occupation : \_\_\_\_\_

6. Employer : \_\_\_\_\_

7. Address : \_\_\_\_\_

: \_\_\_\_\_

8. Tel. No. : \_\_\_\_\_ (H)

\_\_\_\_\_ (O)

\_\_\_\_\_ (M)

## G. DECLARATION

All the information given in this application forms is TRUE and CORRECT.

## H. AGREEMENT

**I understand and agree to the points below:**

1. 2 months notice must be served before withdrawal or the **deposit** will be forfeited.
2. Any outstanding payment will be deducted from the **deposit**.

Student's Name : \_\_\_\_\_

Parent's/Guardian's Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_