



Admissions Office:
 UCSI International School (847593-U)
 Jalan Choo Lip Kung, Taman Taynton View
 56000, Cheras, Kuala Lumpur, Malaysia
Tel: +603 9101 8880 | **Fax:** +603 9102 3606 | **Web:** www.uis.edu.my

Campus Location:
 UCSI International School
 Lot 11201, Bandar Springhill,
 Mukim Jimah, Negeri Sembilan,
 Malaysia

Revision: ADMAPP2011.1
 Date: 13/12/2011/GR

ADMISSION RESERVATION FORM

COURSE APPLYING FOR:

- Primary Years
Grade: 1 | 2 | 3 | 4 | 5 *(Please circle one)*
- Middle Years
Grade: 6 | 7 | 8 | 9 | 10 | 11 *(Please circle one)*
- Upper Years
Grade: 12 | 13 *(Please circle one)*

Six (6)
Student
Photos

PART I : STUDENT DETAILS

Name _____
(First & Middle Names) (Surname)

Passport / IC No. _____ Date of Birth _____ | _____ | _____
(Date) (Month) (Year) Male Female Religion _____
(Optional)

Birth Cert No. _____ Nationality _____ Race _____

Home Address _____ Tel _____
 _____ Fax _____
 _____ Email _____

PART II : STUDENT BACKGROUND

Language(s) Spoken:	Ability		Co-curricular Activities:
_____	_____	Ability Ratings 1 – Fair 2 – Average 3 – Fluent	_____
_____	_____		_____
_____	_____		_____

Previous School(s)	Country	Join Date	Leave Date	Grade / Level
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Concerns (if any): _____ _____ _____	Special Dietary Requirements (if any): _____ _____ _____
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EMERGENCY CONTACT

Name _____ H/P _____

Relationship to student _____ Tel _____

PART III : FAMILY BACKGROUND

Parents' Marital Status

Married

Divorced

Separated

Other _____
(please specify)

FATHER

Title _____ Name _____
(Tan Sri / Datuk / Dr / Mr etc.) (as in passport)

Nationality _____ Occupation _____ H/P _____

Organization _____ Tel _____

Address (if different from above) _____ Fax _____

_____ E-mail _____

MOTHER

Title _____ Name _____
(Puan Sri / Datin / Dr / Mrs / etc.) (as in passport)

Nationality _____ Occupation _____ H/P _____

Organization _____ Tel _____

Address (if different from above) _____ Fax _____

_____ E-mail _____

GUARDIAN

(incl step parents if any)

Title _____ Name _____
(as in passport)

Nationality _____ Occupation _____ H/P _____

Organization _____ Tel _____

Address (if different from above) _____ Fax _____

_____ E-mail _____

Relationship to Student _____
(please specify)

All correspondence and bills should be addressed to : Father Mother Guardian

PART IV : SIGNATURE

We declare that all information provided in this reservation for admission is correct as at the date of reservation, and we request that the above named be reserved a place for admission at UCSI International School.

Father / Guardian's Signature:

Mother / Guardian's Signature:

Student's Signature:

Name: _____

Name: _____

Name: _____

Date: _____

Date: _____

Date: _____

Passport/ IC No: _____

Passport/ IC No: _____

Passport/ IC No: _____