

PERSATUAN SEKOLAH LODGE (Lodge Group of Schools)

Lodge Kindergarten (TADIKA/T.1006/227/99/DFT) Lodge Primary School (SEKOLAH(R)/SRS.1008/79/99/DFT)) Lodge Secondary School (SEKOLAH(M)/SMS.1020/79/99/DFT) Lodge International School (SEKOLAH(A)/SAS.1013/99/DFT)

(Affix current colored photograph of student here)

TeL: 082-363554

Fax: 082-362517

Email: info@lodgeschool.edu.my

Website: www.lodgeschool.edu.my

APPLICATION FOR ADM	ISSION			
APPLIED TO [Tick the box]	State the LEVEL (e.g	. Kindy A, Primary 1, Form 1, Year 2, etc)		
KINDERGARTEN				
PRIMARY	***************************************		*************	
SECONDARY	***********************		70-70-70-70-70	
INTERNATIONAL				
The state of the s		**************************************		
ACADEMIC YEAR :	***************************************	INTENDED DATE :		
A. STUDENT'S PARTICULARS				
Full Name :				
	(as per MyKad /	MyKid / Birth Certificate)		
Identity No. [IC for Malaysian / ID for Fo	reigner] :	Nationality:		
Birth Certificate No. (Malaysian)		Date of Birth : Gender	: <u>M/F</u>	
Place of Birth:		Race: Religion :		
B. SIBLING(S) DETAILS IN LO	DGE SCHOOL			
Name	Date of Birth	Entity (e.g Lodge National Pimary)	Level	
		,, ,		
			-	
C. EDUCATIONAL BACKGROU	JND			
Name of Current School :				
Current Class :			***************************************	
Reason for leaving :				
Name of Principal : Contact No. :				
Email Address		***************************************		

D. PRIMARY CONTACT PERSON		
FATHER MOTHER	GUARDIAN: If guardian, please state relationship	р
Salutation :		
Name :	Race:	
Nationality :	Identity No. (IC for Malaysian / ID for Foreigner)	
Parent's Marital Status : Married	Divorced Widowed S	ingle
Home Address :		
***************************************	Postco	de ;
Contact Numbers Home Phone	Mobile Phone	Office Phone
Email Address : (Primary Contact)	***************************************	
Occupation :	Employer :	
E. NON-PRIMARY CONTACT (PAREI	NT / GUARDIAN DETAILS)	
E. NON-PRIMARY CONTACT (PAREN	NT / GUARDIAN DETAILS) GUARDIAN: If guardian, please state relationsh	ip
		îp
FATHER MOTHER Salutation:	GUARDIAN: If guardian, please state relationsh	îp
FATHER MOTHER Salutation:	GUARDIAN: If guardian, please state relationsh	
FATHER MOTHER Salutation: Name:	GUARDIAN: If guardian, please state relationsh Race: Identity No. (IC for Malaysian / ID for Foreigner)	
FATHER MOTHER Salutation: Name: Nationality: Parent's Marital Status: Married	GUARDIAN: If guardian, please state relationsh Race: Identity No. (IC for Malaysian / ID for Foreigner)	Single
FATHER MOTHER Salutation: Name: Nationality: Parent's Marital Status: Married Home Address:	GUARDIAN: If guardian, please state relationsh Race: Identity No. (IC for Malaysian / ID for Foreigner) Divorced Widowed	Single
FATHER MOTHER Salutation: Name: Nationality: Parent's Marital Status: Married Home Address:	GUARDIAN: If guardian, please state relationsh Race: Identity No. (IC for Malaysian / ID for Foreigner): Divorced Widowed S	Single
Salutation: Name: Nationality: Parent's Marital Status: Married Home Address: Contact Numbers: Home Phone	GUARDIAN: If guardian, please state relationsh Race: Identity No. (IC for Malaysian / ID for Foreigner) Divorced Widowed Postco	Single Office Phone

F. HEALTH DETAILS				
Please complete this section carefully. Failure to disclose accurate information about your child's medical history may result in unnecessary delay when seeking emergency medical attention.				
Does your child have any allergies?	YES	NO NO		
If YES, please provide details :				
Does your child have asthma? If YES, what triggers the asthma and what are the symptoms?	YES	NO NO		
Does your child suffer from any physical or audio / visual impairment? If YES, please provide details:	YES	NO NO		
Does your child take any prescribed medication? If YES, please provide details:	YES	NO NO		
Are there any physical education restrictions for your child? If YES, please provide details:	YES	□ NO		
Are there any other health related issues of your child that the school should be aware of? If YES, please provide details:	YES	NO NO		
G. OTHER INFORMATION				
These information will not discriminate your child in any way. However, more accurate the school when providing pastoral care to your child.	and detailed inform	ation can assist		
Has your child been involved in disciplinary action?	YES	NO NO		
If YES, please provide details :				
Does your child have any special education / emotional / behavioural needs? Please attach letter / recommendation from teachers / doctors / specalists.	YES	□ NO		
If YES, please provide details :				
Does your child have any special skills or interests (sports, music, drama, dance, etc)? If YES, please provide details:	YES	NO NO		
Has your child represented his / her school in sports or any other events? If YES, please provide details:	YES	□ NO		

Checklist

checklist to help you compile the required documents and items for the submission of an application to up of Schools, Kuching, Sarawak, Malaysia.
Application for Admission Form Complete an "Application for Admission" Form.
Photograph A recent colored passport-size photograph of student.
Birth Certificate Please provide a copy of the Student's Birth Certificate with the full particulars including place of birth, parents' names, etc. (Translated to English)
Identity Card (Malaysians only) A copy of the Student and Parents' MyKad is required. If the Student has yet to possess MyKid, please forward a copy when available.
Visa (Non-Malaysians only) The Malaysian Immigration Authority requests that all foreign students obtain a relevant Visa upon acceptance by the School. The visa application is the responsibility of parents.
School Reports & Testimonial An official copy of the most recent year's school report and a testimonial regarding the student's character and ability from the Principal / Class Teacher.
Assessment Fee A non-refundable Assessment Fee is required upon submission of an application.
Guardian's Details This is applicable to students who are staying with an appointed Guardian. Parents must provide the School with the Guardian's Photo, Passport / IC copy, contact details, and a letter confirming the appointment.
INDEMNITY 1. I/We indemnify Lodge Group of Schools, management and employees against any and all claims arising from any injury to the student whilst participating in any School activity, or while on School property or while travelling to or from school premises.
 I/We give consent to Lodge Group of Schools for any necessary guidance towards the general well-being (physical, intellectual, mental, emotional, social, etc.) of our child.
3. I/We understand and agree that in the event of an emergency, the School will make every effort to contact the Parents / Guardians. If this is not possible, the student will be taken to either his/her family doctor (if known) or to a suitable hospital, approved by the School, for treatment. The Parents / Guardians will reimburse the School for any expenses/payment incurred to the hospital/clinic concerned.
PHOTOGRAPHS AND IMAGES 1. Parent hereby gives his/her consent to the School to take such photographs, images, recordings, works or derivative works of the child and to use, free of charge, such photographs, images, recordings, works or derivative works in any media and for whatever purpose as the School shall deem fit, including without limitation for any promotional materials, including but not limited to brochures, flyers or website of the School, without grior notice to the
 The School reserves all rights and interests in any intellectual property rights arising as a result of the actions of a Student in conjunction with any member of staff of the School and/ or other Students at the School for a purpose associated with the School. Any use of any such intellectual property rights by a Student is subject to the terms of a licence to be agreed prior to the use between the Student, his/her Parents and the School. The School will allow the Student's role in creation/development of intellectual property rights to be acknowledged.
DECLARATION I confirm that the above information and statements are true and correct. I understand that any false or misleading statements, or the withholding of relevant information relating to this application might invalidate the application and that the school may withdraw an offer of a place or cancel the enrolment of my child.
By completing and submitting this Application for Admission Form, I hereby confirm that I have registered my child and I understand that if I withdraw my application from the school, all fees paid will not be refunded.
Name : Date :

Signature :

Relation to student :