Islamic Abu Bakar Chui Memorial Kindergarten   
**Admission Form**

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| --- | --- | --- | --- | --- | --- | --- |
| Name | Chinese |  | Religion |  | | Photo |
| English |  | Sex |  | |
| Date of Birth | Year Month Day | | Place of Birth |  | |
| Nationality |  | | No. Of Birth Certificate |  | |
| Address |  | | | | |
| Contact Tel. No. |  | | | | |
| Class apply: Am/Pm/Whole-Day , K1 / K2 / K3 (please circle) | | | | | | |
| Name of relative who has been studied in this kindergarten: | | | | | Relationship: | |

(a) Personal information:

(b) Family information:

|  |
| --- |
| Father’s Name: Occupation: Tel. (Office): (Home):  Mother’s Name: Occupation: Tel. (Office): (Home):  Members of family: Person: Brother(s): Sister(s) Other(s):  Guardian’s Name: Relationship: Tel:  Address: |