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:

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| --- |
| 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:   |