

Student Enrolment Form

Enrolment Checklist

- ☐ Registration Fee
- ☐ Completed *Enrolment Form*
- ☐ Photocopy of Birth Certificate/I.C.
- ☐ Photocopy of Parents' I.C./Passport
- ☐ Valid Student Pass (for Foreign students)
- ☐ School Health Card/Immunisation Record
- ☐ Copy of Student Academic Progress Report
- ☐ Leaving Certificate
- ☐ Testimonial of Good Conduct
- ☐ PSR Exam Slip (for Year 7 enrollee)
- ☐ Student Pass Application

Does the student require *Student Pass*?

☐ Yes ☐ No

Year/Level of Entry

Preschool

- ☐ Kindergarten 1 *Preferred Session*
☐ Kindergarten 2 ☐ AM ☐ PM
☐ Kindergarten 3

Primary

- ☐ Year 1 ☐ Year 4
☐ Year 2 ☐ Year 5
☐ Year 3 ☐ Year 6
Preferred Session (For Years 1 and 6 only)
☐ AM ☐ PM

Secondary

- ☐ Year 7 ☐ Year 10
☐ Year 8 ☐ Year 11
☐ Year 9

Passport Photo

STUDENT INFORMATION

Full Name of Child (*Nama Penuh Anak*) :

Date of Birth (*Tarikh Lahir*) :

Country/Place of Birth (*Negara/Tempat Lahir*) :

Gender (*Jantina*) :

Issuing Country of Birth Certificate (*Negara Yang Mengeluarkan Sijil Kelahiran*) :

Birth Certificate No. (*No. Sijil Kelahiran*) :

Citizenship/Nationality (*Kerakyatan*) :

Race/Ethnicity (*Bangsa*) :

Religion (*Ugama*) :

Passport Number (*Nombor Pasport*) :

Brunei I.C. No. (*Nombor K.P.*) :

Brunei I.C. Colour (*Warna K.P.*) :

Home Address (*Alamat Rumah*) :

Home Phone Number (*Nombor Telefon Rumah*) :

Mobile Phone Number (*Nombor Telefon Bimbit*) :

Native Language (*Bahasa Ibunda*) :

Other Language/s Spoken (*Bahasa Lain*) :

English Proficiency :

(Kemahiran Bahasa Inggeris)

☐ Excellent

☐ Good

☐ Average

☐ Poor

SCHOOL HISTORY

Name of Previous School/s
(*Nama Sekolah Dahulu*)

Address/Phone Number:
(*Alamat/Nombor Telefon*)

Year (*Tahun*):
From (*Dari*) To (*Hingga*)

Level at Time of Leaving (*Darjah Semasa Berhenti*) :

Date of Leaving (*Tarikh Berhenti*) :

Reason for Leaving (*Sebab Berhenti*) :

Has the student been involved in suspension or expulsion from previous school?

☐ Yes

☐ No

FAMILY INFORMATION

Emergency Contact Person: ☐ Father ☐ Mother ☐ Legal Guardian

FATHER

Title : ☐ Mr. ☐ Sir ☐ Dr. ☐ Pg. ☐ Dato ☐ Pehin ☐ Others: _____

Name (Nama) :

Date of Birth (Tarikh Lahir) :	Country/Place of Birth (Negara/Tempat Lahir) :	Race/Ethnicity (Bangsa) :	Religion (Ugama) :
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Citizenship/Nationality (Kerakyatan) :	Passport Number (Nombor Pasport) :	Brunei I.C. No. (Nombor K.P.) :	Brunei I.C. Colour (Warna K.P.) :
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Home Address (Alamat Rumah) :

Company Name and Address (Nama Syarikat dan Alamat) :

Employment Sector (Sektor Pekerjaan) : ☐ Government ☐ Private	Post Title (Jawatan) :	Department/Ministry (Jabatan/Kementarian) :
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Office Phone No. (Nombor Telefon Pejabat) :	Home Phone No. (Nombor Telefon Rumah) :
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Mobile Phone No. (Nombor Telefon Bimbit) :	e-Mail (if any) :
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MOTHER

Title : ☐ Mrs. ☐ Madam ☐ Dr. ☐ Pg. ☐ Datin ☐ Dato ☐ Pehin ☐ Others: _____

Name (Nama) :

Date of Birth (Tarikh Lahir) :	Country/Place of Birth (Negara/Tempat Lahir) :	Race/Ethnicity (Bangsa) :	Religion (Ugama) :
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Citizenship/Nationality (Kerakyatan) :	Passport Number (Nombor Pasport) :	Brunei I.C. No. (Nombor K.P.) :	Brunei I.C. Colour (Warna K.P.) :
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Home Address (Alamat Rumah) :

Company Name and Address (Nama Syarikat dan Alamat) :

Employment Sector (Sektor Pekerjaan) : ☐ Government ☐ Private	Post Title (Jawatan) :	Department/Ministry (Jabatan/Kementarian) :
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Office Phone No. (Nombor Telefon Pejabat) :	Home Phone No. (Nombor Telefon Rumah) :
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Mobile Phone No. (Nombor Telefon Bimbit) :	e-Mail (if any) :
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LEGAL GUARDIAN		Title : ☐ Mr. ☐ Sir ☐ Pehin ☐ Dato ☐ Dr. (Gelaran) ☐ Mrs. ☐ Madam ☐ Pg. ☐ Datin ☐ Others: _____			
Name (Nama) :					
Date of Birth (Tarikh Lahir) :		Country/Place of Birth (Negara/Tempat Lahir) :		Race/Ethnicity (Bangsa) :	
Citizenship/Nationality (Kerakyatan) :		Passport Number (Nombor Pasport) :		Brunei I.C. No. (Nombor K.P.) :	
Brunei I.C. Colour (Warna K.P.) :					
Home Address (Alamat Rumah) :					
Company Name and Address (Nama Syarikat dan Alamat) :					
Employment Sector (Sektor Pekerjaan) :		Post Title (Jawatan) :		Department/Ministry (Jabatan/Kementerian) :	
☐ Government ☐ Private					
Office Phone No. (Nombor Telefon Pejabat) :			Home Phone No. (Nombor Telefon Rumah) :		
Mobile Phone No. (Nombor Telefon Bimbit) :			e-Mail (if any) :		

SIBLING/S INFORMATION		Please list sibling/s studying at Seri Mulia Sarjana School (Sila nyatakan adik-beradik yang menuntut di Sekolah Seri Mulia Sarjana)		
No.	Name	Gender	Rank Among Siblings	Class
1				
2				
3				
4				
5				

I/We hereby acknowledge that I/we have read, understood, and agree to the enrolment procedures and guidelines provided by the school. I/We declare that all information provided in this enrolment form is true, complete, and correct to the best of my/our knowledge.

Name of Parent/Legal Guardian : _____ **Signature :** _____ **Date :** _____

Please do not fill in anything below. For office use only.

Entrance Test for: ☐ Preschool ☐ Primary ☐ Secondary		Date of Registration : _____ Registration Fee Receipt no. : _____	
Entrance Test Results _____ Interview _____ B. Melayu _____ English _____ Science		☐ I hereby acknowledge that the applicant has been accepted into Seri Mulia Sajana School. ☐ I hereby acknowledge that the applicant has NOT been accepted into Seri Mulia Sajana School. Other Remarks : _____ _____ _____ Signature of Deputy Principal for Academics Date	
Mode of Payment ☐ Cash/Cheque ☐ Government Subsidy ☐ SHELL / BSP / BST ☐ Others: RBA / SCB / DST _____		_____ Date of Refundable Deposit Payment _____ Refundable Deposit Receipt No. Prepared by: _____	

Student Health and Medical Declaration Form

Student Medical Details and Health Conditions

It is essential to inform the school before your child is enrolled if he/she has any medical conditions. This must include any allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, medical conditions, or changes to an existing conditions. This is an important information for your child's participation at the school.

NOTE: Where the words 'your child', they should be taken as a reference to the student seeking enrolment.

Student's Medical card number (BRUHIM) : _____

Does your child wear (Choose only if applicable)	☐ Spectacles / Glasses	Details:
	☐ Contact Lenses	Details:

Please provide the name, address, and phone number of any doctor or medical specialist (if any) who may currently be treating your child for any medical condition or allergy

Medical Condition/Allergy	Doctor's Name	Address (Clinic)	Contact No.

**Allergies including but not limited to insect bites, drugs, food, latex, etc.*

If your child has an allergy, please specify on the indicated space below and answer the questions that follow :

Allergy : _____

1. Has a doctor diagnosed this allergy? (Yes/No) _____
2. Is this a severe allergy (anaphylactic)? (Yes/No) _____
3. Has been the child admitted to the hospital for the allergy? (Yes/No) _____. If yes, which hospital? _____

Medical Conditions (other than allergies indicated above)

☐ ADD/ADHD	☐ Diabetes	☐ Seizures, tics, or tremors
☐ Arthritis	☐ Hearing Problems	☐ Serious Illness
☐ Asthma	☐ Heart Problems	☐ Visual Problems
☐ Birth Defects	☐ Hospitalisation	☐ Skin Problems
☐ Blood Disorder	☐ Learning Problems	☐ Stomach Problems
☐ Chronic Bowel Problems	☐ Menstrual Problems	☐ Surgeries
☐ Cancer	☐ Mental Health Issues	☐ Urinary Problems
☐ Cystic Fibrosis	☐ Migraines	☐ Others: (Please Specify) _____
☐ Developmental Delays	☐ Physical Limitations	_____

Please identify and provide details below of any other medical concern/condition for which your child is being treated. Also, submit the official report and/or any supporting document for the medical condition.

Medical Condition : _____

1. Has a doctor diagnosed this condition? (Yes/No) _____
2. Has your child been hospitalised with this condition? (Yes/No) _____. If yes, which hospital? _____
3. Is your child taking any prescribed medication for this condition? (Yes/No) _____. If yes, what medication? _____

Is your child currently under Child Development Center (CDC) consultations? (Yes/No) _____ (If yes, please submit a copy of the official report and/or any supporting document).

By signing below, I release Seri Mulia Sarjana School (SMSS), its offices, and employees from any liability or damages resulting from consequences or adverse reactions due to my child missing medication as prescribed. I also agree to notify the school in writing of any updates or changes to the physician's prescription. I have had the opportunity to ask questions, and they have been fully answered to my satisfaction.

In case no ambulance is available and my child is in critical condition, I consent to the school arranging personal transport to the hospital promptly.

I declare that the information provided in this application is accurate and complete to the best of my knowledge. I have read and understood the information regarding personal data collection and consent.

I understand that SMSS reserves the right to terminate my child's academic services if information is withheld or if SMSS can no longer meet my child's learning needs. I am aware that any false or misleading information may result in changes or voiding of decisions made regarding this application.

Name of Parent/Legal Guardian : _____ **Signature :** _____ **Date :** _____