



COURSE PARTICULARS

<p>Branch Location :</p> <hr/> <p>Kovan Branch Only</p>	<p>Iqra' Day / Time :</p> <hr/> <p>Saturday / 11.00am to 12.00pm <input type="checkbox"/></p> <p>Saturday / 12.00pm to 01.00pm <input type="checkbox"/></p> <p>Saturday / 03.00pm to 04.00pm <input type="checkbox"/></p>
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STUDENT'S PARTICULARS

<p>Full Name</p> <hr/> <hr/> <p>Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>NRIC No :</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Date of Birth : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Race : Malay / Chinese / Indian / Others</p> <p>Nationality : _____</p>	<p>Home Address</p> <hr/> <hr/> <p>Postal Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><u>Contact Numbers</u></p> <p>Home : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Father's Mobile : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother's Mobile : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Office : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>In Case of Emergency, contact :</p> <p>Name : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Relationship To The Child : _____</p>
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FOR OFFICIAL USE ONLY :

<p>Date Joined :</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Remarks :</p> <hr/> <hr/>	<p>All document received upon registration:</p> <p>A copy of child's birth certificate <input type="checkbox"/></p> <p>A copy of parents NRIC <input type="checkbox"/></p> <p>A copy of C.D.A statement of account (if any) <input type="checkbox"/></p> <p>A copy of C.D.A child's birth certificate (if any) <input type="checkbox"/></p> <p>Any other document(s) : (Please state) _____</p>
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PARENT'S PARTICULARS

Mother's Full Name

NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Race : Malay / Chinese / Indian / Others

Nationality : _____

Qualification : _____

Occupation : _____

Father's Full Name

NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Race : Malay / Chinese / Indian / Others

Nationality : _____

Qualification : _____

Occupation : _____

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PARENT'S EMAIL ADDRESS

Father's Email Address : _____

Mother's Email Address : _____

Other Email Address : _____

I agree to pay the fees promptly, material fees on a yearly basis and I understand that the material fees will not be refunded in the event that I wish to withdraw my child. I will give one month written notice to **HANIS** Montessori Kindergarten, failing which my deposit will be forfeited, and I declare that all the particulars given above are true.

Name Of Applicant

Relationship To Child

Signature

Date Of Registration