

Enrolment Checklist:

- Registration fee
- Completed enrolment form
- photocopy of birth certificate/ I.C.
- photocopy of parents I.C./ passport
- valid student pass (foreign students only)
- School health card/ Immunization records
- a copy of last progress report
- leaving certificate
- testimonial of good conduct
- PSR Exam slip (Form 1 enrollee only)
- PMB Exam slip (Form 4 enrollee only)

**SERI MULIA SARJANA SCHOOL**

Pre-School / Primary / Secondary

Negara Brunei Darussalam.

Tel: 2421311 / 2456584 / 2456708

Tel: 2654720 / 2654721 / 2650869

Fax: 2455780/ 2564720

www.smsarjana.edu.bn2x
passport size photo**STUDENT ENROLMENT FORM****Year of Entry (please tick)**

<input type="checkbox"/> Nursery	<input type="checkbox"/> Kindergarten 1	<input type="checkbox"/> Kindergarten 2	<input type="checkbox"/> Kindergarten 3		
<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Year 6
<input type="checkbox"/> Year 7	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	
Bus Service required: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> One - Way <input type="checkbox"/> Return trip					

Student Information**Full name of child****Nama penuh anak:****Date of birth**
Tarikh lahir**Age (on 1st January)**
Umur (pada 1hb. Januari)**Gender/ Jantina**
 Male
Lelaki
 Female
Perempuan
Citizenship
Kerakyatan**I.C. & Colour/ Passport Number**
I.C. & Warna / Nombor Paspot**Religion**
Ugama**Home Address**
Alamat Rumah**Post Code**.....**House phone number**
Nombor telefon rumah**Mobile phone number**
Nombor telefon bimbit**E-mail address (if any)**
Alamat e-mail (jika ada)**Native Language**
Bahasa Ibunda**Other Languages**
Bahasa Lain**Proficiency in English**
Kemahiran Bahasa Inggeris
 Excellent
 Good
 Average
 Poor

Has the student ever been double promoted? () NO () YES Level:

Has the student ever repeated a level? () NO () YES Level:

Has the student been involved in suspension or expulsion from previous school? () NO () YES

Family Information

Father

Title (Mr., Sir, Dr., Pg., Dato., Pehin)

Gelaran (Awang, Tuan, Dr., Pg., Dato., Pehin)

Name

Nama

Citizenship

Kerakyatan

I.C. & Colour/ Passport Number

I.C. & Warna / Nombor Paspot

Job position

Jawatan

Company Name & Office Address

Nama Pejabat & Alamat pejabat

..... () Government / () Private
(please tick)

Office number

Nombor telefon pejabat

Mobile phone number

Nombor telefon bimbit

E-mail address (if any)

Alamat e-mail (jika ada)

Mother

Title (Mrs., Madam, Dr., Pg., Dato., Pehin)

Gelaran (Dayang, Puan, Dr., Dk./Pg., Datin, Dato., Pehin)

Name

Nama

Citizenship

Kerakyatan

I.C. & Colour/ Passport Number

I.C. & Warna / Nombor Paspot

Job position

Jawatan

Company Name & Office Address

Nama Pejabat & Alamat pejabat

..... () Government / () Private
(please tick)

Office number

Nombor telefon pejabat

Mobile phone number

Nombor telefon bimbit

E-mail address (if any)

Alamat e-mail (jika ada)

Legal Guardian

Title

Gelaran

Name

Nama

Citizenship

Kerakyatan

I.C. & Colour/ Passport Number

I.C. & Warna / Nombor Paspot

Job position

Jawatan

Company Name & Office Address

Nama Pejabat & Alamat pejabat

..... () Government / () Private
(please tick)

Office number

Nombor telefon pejabat

Mobile phone number

Nombor telefon bimbit

E-mail address (if any)

Alamat e-mail (jika ada)

School History

Names of previous school <i>Nama sekolah dahulu</i>	Address/ Telephone Numbers <i>Alamat/ Nombor telefon</i>	Year / Tahun	
		From/ Dari	To/ Hingga

Class at time of leaving
Darjah semasa berhenti

Date of leaving
Tarikh semasa berhenti

Reason for leaving
Sebab berhenti

Medical History

		Please (✓) if applicable		Details (e.g. medication) Keterangan (e.g. perubatan)
Does your child suffer from <i>Adakah anak awda mengalami masalah</i>	Epilepsy <i>Sawan</i>	<input type="checkbox"/>		
	Asthma <i>Sesak nafas</i>	<input type="checkbox"/>		
	Allergies <i>Alahan</i>	<input type="checkbox"/>		
	Diabetes <i>Kencing Manis</i>	<input type="checkbox"/>		
Does your child wear <i>Adakah anak awda memakai</i>	Spectacles <i>Kacamata</i>	<input type="checkbox"/>		
	Contact lens <i>Lensa mata</i>	<input type="checkbox"/>		
	Hearing aid <i>Alat pendengar</i>	<input type="checkbox"/>		
Other Conditions (please specify) <i>Masalah Lain (sila nyatakan)</i>				
Is your child on regular medication? <i>Adakah anak awda memerlukan rawatn yang berterusan?</i>				

Do you give permission to give basic medications?/ *Adakah awda memberi kebenaran memakan ubat? e.g./ seperti aspirin, panadol, throat lozenge, eucalyptus oil*

Yes/ Ya

No/ Tidak

FOR OFFICE USE ONLY

Registration number	Date of enrolment	Registration receipt number					
.....					
Entrance test for KG / PRIMARY / SECONDARY							
Entrance Test Scores							
<input type="text"/> B. MELAYU	<input type="text"/> ENGLISH	<input type="text"/> MATHEMATICS					
<input type="text"/> SCIENCE							
Remarks:.....							
Enrolment accepted Yes () No ()							
Level/ Session (AM/PM):							
Commencement date:							
Approved by:							
<table border="1"> <tr> <td>Payment/ Billing:</td> </tr> <tr> <td>() cash/ cheque</td> </tr> <tr> <td>() SHELL</td> </tr> <tr> <td>() Government Subsidy</td> </tr> <tr> <td>() Other: RBA/SCB/DST</td> </tr> </table>			Payment/ Billing:	() cash/ cheque	() SHELL	() Government Subsidy	() Other: RBA/SCB/DST
Payment/ Billing:							
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() SHELL							
() Government Subsidy							
() Other: RBA/SCB/DST							

Sibling Information

Please list siblings studying in SM Sarjana School or SM Sarjana International School

Sila nyatakan adik-beradik yang menuntut di SM Sarjana School atau SM Sarjana International School

- | | | | | | | |
|----|-------|--------------|------|--------------------------|-------|--------------------------|
| 1. | _____ | Class: _____ | SMSS | <input type="checkbox"/> | SMSIS | <input type="checkbox"/> |
| 2. | _____ | Class: _____ | SMSS | <input type="checkbox"/> | SMSIS | <input type="checkbox"/> |
| 3. | _____ | Class: _____ | SMSS | <input type="checkbox"/> | SMSIS | <input type="checkbox"/> |
| 4. | _____ | Class: _____ | SMSS | <input type="checkbox"/> | SMSIS | <input type="checkbox"/> |
| 5. | _____ | Class: _____ | SMSS | <input type="checkbox"/> | SMSIS | <input type="checkbox"/> |

Verified by:

CONDITIONS OF ACCEPTANCE

REGISTRATION PROCEDURE All prospective students are required to sit for an entrance test before confirmation of admission. Class admission will depend on the results of the entrance test. The registration fee is non-refundable. Enrolment without registration fees will not be accepted.

NEW ADMISSION All new confirmed enrollees are required to pay an advance of two (2) months school fees.

SCHOOL FEES REFUND We require two (2) months notice in writing for any refund of ADVANCED payments.

SCHOOL FEES All monthly tuition fees are to be paid on or before the 7th of each month for the school fee of the month.

SCHOOL FEES DISCOUNT Families with three (3) or more children currently enrolled in the School will be eligible for a 5% (five) discount on **school fees only** from the fourth (4th) to sixth (6th) child only. Discount on school fees will be forfeited if late payments are received.

VACATION LEAVE School fees are payable on approved extended leave. Failure to pay the fees during the leave period will result from the cancellation of the student from the school register.

WITHDRAWAL NOTICE The School reserves the right to request that parents withdraw the child at any time in the event that it is deemed that the school can no longer meet the child's need. Parents are required to give the school two (2) months notice in writing if they wish to withdraw their child from the school. In absence of such notice, the School reserves the right to charge two (2) months school fees in lieu.

ADMISSION FOR FOREIGN STUDENTS As per the regulations of the Ministry of Home Affairs, all foreign students are required to have a student pass in order to be eligible for education in Brunei.

STUDENTS' INSURANCE The School will not be held liable for any injuries, illness or loss of property of the child either on or off campus. Parents/ Guardians are urged to register with the TAIB insurance for students. Forms are available from school.

CHILD'S SAFETY For the safety of our students, person(s) other than parent(s)/ guardians designated to collect the child from the school are required to have a letter of authorisation from parents concerned. The letter of authorization must include the following:

- NAME OF DESIGNATED PERSON
- RELATIONSHIP TO THE CHILD/ IC NUMBER (Must be produced upon collecting the student),
- CAR PLATE NUMBER (if possible)

EMERGENCY PROCEDURE In the event of an emergency, where a child requires immediate treatment, attempts will be made to contact the parents. However, the School retains the right to take immediate action in the best interest of the child. Any medical costs incurred are the responsibility of the parent/ guardian.

DECLARATION I, parent/legal guardian, have read and understood the terms of enrolment to PDS School and hereby agree to abide by the rules & regulations of the School.

Date:

.....

Signature of Parent(s)/ Legal Guardian

NAME IN BLOCK LETTERS: