



Elpida Centre

Student Enrolment Form

48, Jalan PSK 4, Pusat Perdagangan Seri Kembangan, 43300,
Seri Kembangan, Selangor

Tel: +03 8957 9220 Mobile: +6017 358 3230

STUDENT PERSONAL INFORMATION

Student's Full Name (as per IC): _____ (中)

Date of Birth: _____ / _____ / _____ IC Number: _____
Day Month Year

Email Address: _____ Gender: ☐ Male ☐ Female

Home Address: _____ Phone Number: _____

Kindly states if your child is allergic to any food or substance (Eq: if the child has G6PD deficiency or other disorder)

Do you have any food allergy? ☐ Yes ☐ No If yes, please specify: _____

Do you have any medical condition? ☐ Yes ☐ No If yes, please specify: _____

PARENT'S OR GUARDIAN'S INFORMATION

Relationship: _____ Relationship: _____

Full Name: _____ Full Name: _____

Email Address: _____ Email Address: _____

Phone Number: _____ Phone Number: _____

TERMS AND CONDITIONS

1. I/we certify that the above information provided by me/us is correct.
2. I/we undertake to submit the photocopy documents for verification.

SIGNATURE REQUIRED

I hereby declare that I have read and understood the information contained on this Student Enrolment Form.

OFFICE USE

Student's Name: _____

Student's ID Number: _____

Date of Enrolment: _____

Date

Signature of Parent/Guardian

Signature of Authority