Elpida Centre

Student Enrolment Form

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

Tel: +603 8957 9220 Mobile: +601111 636 011

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 (Eg: if the child has G6PD deficiency or other disorder)

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

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

PARENT'S OR GUARDIAN'S INFORMATION

Relationship: _____

Full Name: _____

Occupation: _____

Email Address:

_____

Phone Number: _____

Relationship: _____

Full Name: _____

Occupation: _____

Email Address:

_____

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: _____