



SAYFOL INTERNATIONAL SCHOOL
KUALA LUMPUR
(The International School in the City)

ASSESSMENT FORM

Kindly complete the form accurately and in **BLOCK LETTERS**.

STUDENT'S DETAILS

Academic Year to be enrolled: _____ Year Group: _____ Term: _____

Legal Given Name: : _____

Passport/NRIC No : _____ Gender Male Female

Date of Birth (dd/mm/yyyy) : _____ Country of Birth: _____

Nationality : _____ Religion : _____

Address (Malaysia) : _____

Address (Home Country): _____

Student's Email : _____ Student's HP No : _____

Native language : _____ Other Languages: _____

Student resides with : Both parents Father Mother Guardian

INTERNATIONAL STUDENTS *(ignore if not applicable)*

Visa currently held : _____

Upon commencement, the student will apply for : _____

Student Visa Assistance *(please tick if Student Visa Assistance is required)*

STUDENT EDUCATION DETAILS

CURRENT SCHOOL

Name of School : _____

School Address : _____

Joining Date : _____ Leaving Date : _____

Current Year : _____ Email : _____

Curriculum : British Curriculum Malaysian Curriculum CBSE Others: _____

Reason for Leaving : _____

PREVIOUS SCHOOL *(if different from above)*

Name of School	From	Till	Completed Year & Curriculum	Reason for Leaving

SPECIAL EDUCATION NEEDS (SEN)

Has your child ever required additional support outside of regular classroom provision?

Yes, kindly provide details: _____

No

Does your child have any learning difficulties/?(such as, but not limited to, Dyslexia, ADHD, Autism, Dysgraphia, Dyspraxia)

Yes, kindly provide details: _____

No

I hereby accept and agree to the following:

1. The acceptance and enrolment of a child with SEN at Sayfol International School will depend on the necessary and accurate disclosure by me as the parent/guardian of the application, as well as professionals at Sayfol.
2. Sayfol reserves the right to decline the enrolment of any child with SEN that Sayfol feels or deems it is unable to support.
3. No declaration of a child with SEN will result in termination/revocation of a placement offer and Sayfol reserves the right to forfeit all fees paid.
4. Together with the declaration, a copy of my child's medical/L.P. report will be submitted to Sayfol International School.

Signature: _____

(Parent/Guardian Signature)

FAMILY DETAILS

FATHER

Legal Given Name : _____

Nationality : _____ Passport/NRIC : _____

Occupation : _____ Mobile No : _____

Office Address : _____

Email Address : _____

Home Address : _____

MOTHER

Legal Given Name : _____

Nationality : _____ Passport/NRIC : _____

Occupation : _____ Mobile No : _____

Office Address : _____

Email Address : _____

Home Address : _____

Guardian *(if student is not residing with either parent)*

Legal Given Name : _____

Nationality : _____ Passport/NRIC : _____

Occupation : _____ Mobile No : _____

Office Address : _____

Email Address : _____

Home Address : _____

EMERGENCY CONTACT *(if parents are not contactable)*

	Contact 1	Contact 2
Name :	_____	_____
Relationship to child :	_____	_____
Mobile No. :	_____	_____

SIBLINGS *(if applicable)*

Name	Age	School

ASSESSMENT CHECKLIST

- 1 copy of the child's Birth Certificate
- 1 copy of the child's NRIC or passport (for non-Malaysians) - page with details, latest entry stamp/latest pass
- 1 copy of parent's NRIC or passport (for non-Malaysians) - page with details, latest entry stamp/latest pass *(both parents)*
- 1 copy of the most recent school reports and school leaving certificate
- Guardian details - Photo, NRIC/passport
- 1 copy of the child's medical/L.P. report - SEN

Note: All documents that are not in the English language have to be translated and verified at the respective embassy/ high commission or certified bodies.

For Office Use Only

Assessment Date: Year Group:..... (CAT4 / PTE & PTM)

Payment Method:..... Receipt Num:.....

Remarks:

.....

.....

Enrollment: Confirmed / Pending / Rejected / Postponed

Processed by: Date: