

1. APPLICATION FOR ADMISSION

Child's Photo

Mother's Photo

Father's Photo

A. Student's Personal Particulars

Full Name : _____ Gender: Male Female

Date of Birth : _____ YY / MM / DD _____ Place of Birth : _____

Birth Cert / IC : _____ Passport No. : _____

Race : _____ Religion : _____ Nationality : _____

Residential Address _____

Street _____ City _____ Postal Code _____

House Phone No.: _____ Email: _____

For Office Use Only

Application for Year Group : _____ Intake (Year / Term) : _____ Commencement Date : _____

Supporting Documents:

1) 2 passport size photo Student Father Mother Legal Guardian

2) Birth Cert / ID (copy) - Local Student Father Mother Legal Guardian

3) Passport info & visa (copy) - International Student Father Mother Legal Guardian

4) Official copies of all academic records from the past two years (*for Primary & Secondary only*)

5) All IEPs (Individual Education Plans) or similar documents and assessments (*if relevant*)

6) A copy of all immunisation records of prospective student (in Malay / English)

7) Admission Assessments Results Letter of Offer

Application received by : _____ (_____ name _____ , _____ date _____)

Application Approved by : _____ (_____ name _____ , _____ date _____)

Parent's / Legal Guardian's Initial

B. Educational Background

Kindly include all school experiences:

School	Language of Instruction	Type of Curriculum	From (Month/Year)	To (Month/Year)

C. Developmental Needs and Learning Differences

(i) Kindly indicate all relevant learning differences, special habits or significant past experiences to enable us to provide the necessary support for your child:

- Not Applicable Autism ADHD ADD
- Dyslexia Asperger Down Syndrome Depression
- Anxiety Others (Kindly specify:) _____

(ii) Has your child attended any therapy session at his previous school or outside from school? (If yes, please specify the date and the latest report is required if your child has attended.)

- ABA Therapy Music Therapy Speech Therapy Art Therapy
- Occupational Therapy Play Therapy None of These

D. Health Record

(i) Family Doctor's Name : _____ Contact No.: _____

Address: _____

(ii) Has your child had or is currently having any of the following?

- Not Applicable Mumps Measles Chicken Pox
- Dysentery Kidney Disease Diabetes Epilepsy
- Rheumatic Fever Eczema Asthma Rubella
- Other crucial information for the school to be aware (Kindly specify):
- _____

Parent's / Legal Guardian's Initial

(iii) Has your child had any serious injuries that the school needs to be aware of?

No

Yes (Kindly specify) _____

(iv) Kindly list all operations and relevant details, if applicable:

Type of Operation	Date	Additional Details

(v) Kindly list all allergies and relevant details, if applicable:

Allergy	Reaction / Life threatening	Treatment

(vi) Kindly list all medications that your child takes on a regular basis, if applicable:

Name of Medication	Purpose	Dosage	Frequency

Parent's / Legal Guardian's Initial

2. Family Members' Particulars

(A) Father's / Legal Guardian's Name: _____

IC/Passport No.: _____ Nationality: _____

Marital Status : _____ Contact No.: _____

Email: _____

Company Name : _____

Occupation : _____ Office Phone No.: _____

Company Address: _____

(B) Mother's / Legal Guardian's Name: _____

IC/Passport No.: _____ Nationality: _____

Marital Status : _____ Contact No.: _____

Email: _____

Company Name : _____

Occupation : _____ Office Phone No.: _____

Company Address : _____

(C) Sibling's Particulars

(i) Name : _____ Date of Birth: ____/____/____

School : _____

(ii) Name : _____ Date of Birth: ____/____/____

School : _____

(iii) Name : _____ Date of Birth: ____/____/____

School : _____

Parent's / Legal Guardian's Initial

3. Transport Arrangement

School's Transport (Kindly complete *SCHOOL TRANSPORTATION* form.)

Private Transport Provider

Contact Person: _____

Contact No.: _____ Vehicle Plate No.: _____

Own Transport

Kindly provide additional details of the person(s) authorised to pick up your child besides your good self:

Photo	Name:	Photo	Name:
	Relationship:		Relationship:

Kindly provide the details of all owned vehicles likely used for pick up:

Vehicle Plate No.	Type/Model	Colour	Additional Information

4. Emergency Contact

Name of person(s) who can be contacted if parents / legal guardians cannot be reached:

Name: _____ Contact No.: _____ Relationship: _____

Name: _____ Contact No.: _____ Relationship: _____

Parent's / Legal Guardian's Initial

5. Additional Information (This section is for Preschoolers only)

(i) Getting to Know Your Child

1. What language(s) does your child speak(s) at home? _____
2. What special interest does your child have? _____
3. Does your child prefer indoors or outdoors? _____
4. What is your child's favourite indoor or outdoor activity? _____
5. What is your child's favourite toy/object? _____
6. Does your child watch TV/videos regularly? _____
7. What is your child's favourite programme/video? _____
8. How long does your child watch TV/videos in a day? _____
9. Does your child take naps in the afternoon? If yes, at what time and for how long? _____
10. Who does your child sleep with at night? _____
11. Does your child have his/her personal play room? _____
12. Does your child have any fears (e.g. thunderstorm, darkness, loud noises, insects, spiders, clowns) or bad experiences that you would like us to know? _____

(ii) Eating Habits

1. Is your child able to feed himself/herself? Yes No
2. How much does your child usually eat? Good amount Average amount Small amount

(iii) Toilet Habits

1. Are your child's toilet habits well established or still at the introductory stages? _____
2. What is your child's terminology for the following? Urination : _____
Defecation: _____

Parent's / Legal Guardian's Initial

6. Promotional Information

How did you know about Tree Top International School?

- Entrance Banner Facebook / Instagram Website
- Friend Tree Top Education Group Staff
- Others (Kindly specify): _____

7. Billing Information

My child's school fees will be:

- Paid by parent / legal guardian
- Paid by company

Company Name: _____

Company Address: _____

Office Phone No.: _____ Fax No.: _____

Contact Person's Name: _____ Contact No.: _____

Contact Person's Email: _____

Parent's / Legal Guardian's Initial

8. Parental / Legal Guardian Consent & Agreement

(A) Terms of Payment and Fee Revision

- All fees payable are subject to the terms of payment stipulated in the invoice issued before the start of a new academic term. The School reserves the right to a fair and justifiable revision of the fees upon approval by Ministry of Education (MOE).
- In the transition from Pre-School to Primary, a top up of Deposit along with additional charges (resource fees, lunch, book etc.) will be required.
- Payment due date will fall on the Friday before Week 1.
- Failure of making payment before the due date will result in suspension of the student's enrollment.

(B) Deposit, Student Withdrawal and Refund

In the event of a withdrawal, the security deposit is fully refundable subject to a Withdrawal Form submitted at least **FOUR (4) MONTHS** in advance of the withdrawal date. Your child needs to be in school during the duration of the notice with fees ongoing. A full settlement of all fees/payments due to the School must be made before a refund of security deposit can be approved.

If the withdrawal is initiated by the School based on valid and evidential support, the deposit will be refunded in full without requiring the four months advance notice.

(C) Emergency Procedure

In the event of an emergency and the contact person(s) is unavailable, the School reserves the right to send your child to the nearest hospital. All costs will be borne by the parent / legal guardian.

(D) Daily Health Check

It is our practice to do basic health check on the children as they arrive in the morning. We check your child's temperature and for spots and / or blister on their hands and in their mouth. If your child has a fever or any unusual spots, your child will not be allowed into school. We will require for parents to take the child to a doctor to confirm the condition. A doctor's clearance letter will have to be presented to the office upon returning to school.

(E) Usage of Student's Image by the school

The School reserves the right to use images of your child taken in the premise or during any field activities for marketing and non-marketing purposes such as school newsletters, brochures, magazines, online medias (social medias, website etc.) and other relevant media. Images of your child intended for the said purposes will be removed subject to a written request by the parent/legal guardian.

(F) Support for Developmental Needs and Learning Differences

If deemed necessary, the school reserves the right to organise classroom observation and consultation with a trained professional in regards to your child's Learning Differences and Special Needs. The school reserves the right to request for all relevant reports concerning your child, and to update parents on any red flags / learning challenges that the school observes during his studies in the school. Further evaluation by a qualified professional, and if need be, a referral of special education evaluations will be given according to the school SEN SOP.

The services of a shadow aid may be needed to accompany your child if the school finds your child is not able to benefit from a large scale learning. All costs relating to such a request will be borne by the parents.

(G) Sport / Outing Activities Release and Indemnity

The School will undertake all necessary teacher/staff supervision, precautions and contingencies to ensure your child's safety prior to any school event such as sports or outings. As such, the School shall not be liable for any loss or damage incurred in the school or rented premises, or any injuries inflicted as a result of student's negligence or violation of rules.

(H) Services from Educational and Clinical Psychologists

The School has the discretion to provide the services of education and clinical psychologists as part of the student services. At times, the psychologist may advise a teacher/staff member working with your child and as such, discussions to facilitate your child's learning and well being will occur. Where necessary, the psychologist may observe the student in school, make relevant recordings and archive all findings in the respective student's file kept within the student support services system. If required, such information may be shared with other teacher/staff to facilitate support for the student. Such information will remain confidential and only be disclosed upon written request by the parent/legal guardian or if required by law. Should services of a psychologist (psychological assessment, counselling or therapy) be required, timely notification and parental written consent will be required beforehand.

I, _____(IC/Passport No. _____),
Father/Mother/Legal Guardian of the above applicant hereby understand and accept the terms stipulated in this Application for Admission Form to register my child into Tree Top International School ('The School') and will undertake to ensure my child's compliance to the School's rules and regulations. I hereby confirm that the information provided in this document is true and correct and acknowledge the School's right to withhold, suspend or reject the admission of my child in the event that the information provided herein is incomplete or erroneous.

Signature of Parent/Legal Guardian

Name :

Date: