

No. 19, Taman Fu Yen, Phase 4, Lorong Cemara, 88300 Kota Kinabalu. P.O. Box 13291, 88837 Kota Kinabalu, Sabah, Malaysia. Tel: 088 - 222175 / 317175 Fax: 088 - 239175

ENROL	IENT FORM	Year of Entry:	2015	
Child's Name in Full: (In Block Letters)		Chinese Name: (If any)		Photo
Date of Birth:		Birth Cert. No:		
Sex:		Race:		
Nationality:		Religion:		
Home Address:				
Home Language:		Home Tel:		
Position / No. of children in family:		Email:		
Previous Kindy / Play Centre:		No. of years:		
Parent's Particulars:	Father	Mother		
Name in Full:				
Identity Card No:				
Occupation:				
Company Name:				
Company Address:				
Office Telephone:				
Handphone:				
Name of family members	1	Birth date:	/ /	
likely to be attending this	2	Birth date:	/ /	
school in future:	3	Birth date:	/ /	
Emergency Contact (Other than parents):	Name in Full:	Relationship:	Telephone /	Handphone
		Other information (1)		
Family Doctor:		Other information offered by parents		
Telephone & Address:				
Allergies:				
I hereby give my consent to the school providing the necessary assistance to my child in the event of sickness / accident, inclusive of sending him/her to the doctors.		(Parent / Guardian's Signature)		
		(Parent / Guardian's Full Name)		
		(Date)		



## **Payment Guidelines**

- 1. Confirmation of registration is subject to a non-refundable deposit payment of RM500 on a first come first serve basis. Failure to settle any outstanding balance on or before 1st November will result to cancellation of student's enrolment and forfeiture of deposit.
- 2. Confirmation of place is on a first come first served basis subjected to deposit payment recieved
- 3. All fees are to be made payable to TADIKA SERI RHEMA or TASKA SERI RHEMA
- 4. The school reserves the right to suspend any student who fails to settle his/her school fee one month after the due date.
- 5. All fees are subject to changes at the discretion of the Management.
- 6. All fees paid are non-refundable.

## Note:

Please provide **1 copy birth certificate** and **2 copies photograph** of your child.

Parent's Declaration				
I, agree with the above mentioned term and guidelines.	( NRIC No d conditions as stated in the pa	), hereby ayment		
Signature:	Date:			
Child's Name:				

FOR OFFICE USE					
Receipt Date:	Receipt No.	Amount (RM)			