

WESLEY METHODIST SCHOOL IPOH (INTERNATIONAL)

怡保卫理国际学校

42 JALAN SILIBIN 30100 IPOH

T : 012-500 5033 / 05-254 5122 F: 05-2432661

W: wms.edu.my/ipoh

E: info@iph.wms.edu.my



Application Form 入学申请表格

Applying Year/Grade 申请年份/年级:

Proposed Intake Date 建议入学日期:

Boarding 寄宿 [] Not required 不需要 [] 7 Days 七天 [] 5 Days 五天

Passport Size
Photo

护照尺寸照片

Section A: STUDENT INFORMATION

A 部分: 学生资料

Full Name as in NRIC / Birth Certificate / Passport

姓名 (如同身份证) / 出生证书/护照

Preferred Name 首选姓名.....Date of Birth 出生日期.....

Identification No [] NRIC 身份证

[] Birth Certificate 出生证书.....

[] Passport 护照.....

Gender 性别 [] Male 男 [] Female 女 Country of Birth 出生国家

Nationality 国籍 Race/Ethnicity 种族/民族

Home Address 住址

..... Postcode 邮政编码.....

City/State 城市/州属..... Country 国家

Contact No (Home) 联络电话 (住家) (Student Mobile 学生手机)

Languages (Spoken) 沟通语言.....

Languages (Written) 书写语文.....

Religion 宗教:

Educational Details 学历资料:

Pre-School Name 幼儿园名	Country/City 国家/城市	Type of Curriculum 课联活动	Year (From-Till) 学年 (从-至)	Completed Level of Study 完成学习水平

Primary School Name 小学校名	Country/City 国家/城市	Type of Curriculum 课联活动	Year (From-Till) 学年 (从-至)	Completed Level of Study 完成学习水平

Secondary School Name 中学校名	Country/City 国家/城市	Type of Curriculum 课联活动	Year (From-Till) 学年 (从-至)	Completed Level of Study 完成学习水平

Special Skills/Interest (e.g. Sports, Music, Drama, Dance, Art, etc.) 特殊技能/兴趣 (例如体育, 音乐, 戏剧, 舞蹈, 艺术等)
Involved in any serious disciplinary action? 涉及任何严重的纪律处分? [] Yes 有 [] No 没有 If yes, please explain 如有, 请说明....

Section B: FAMILY INFORMATION

B 部分: 家庭资料

Parents' Marital Status 父母的婚姻状况

[] Married 已婚 [] Separated分居 [] Widowed丧偶 [] Other其他

Are there any Family Court Orders in place? 是否有家庭诉讼案件?

[] Yes 有 [] No 没有 (If "Yes", please attach a copy 如有, 请附上副本)

Information of 资料 [] Father 父亲 [] Guardian 监护人:

Full Name (Tan Sri / Dato' / Datuk / Dr / Mr / etc.) 姓名 (丹斯里/拿督/博士/医生/先生/等)

.....

Preferred Name 首选姓名..... Nationality 国籍.....

NRIC No身份证 / Passport No护照..... Country of Passport护照国家.....

Malaysia PR马来西亚永久居民: [] Yes 是 [] No 不是 Type of Visa签证类型.....

Home Telephone 住家电话..... Mobile 手机.....

Personal Email 私人电邮.....

Company Name 公司名称..... Designation / Job Title 职称.....

Office Telephone 办公电话..... Office Email 办公电邮.....

Office Address 办公地址

Postcode 邮政编码 City / State 城市/州属..... Country 国家.....

Relationship to the student (for Guardian) 学生与监护人的关系:

Information of 资料 Mother 母亲 Guardian 监护人 :

Full Name(Tan. Sri /Pn. Sri/Dato/Datuk /Datin'/ Dr / Mdm/ Mrs/ etc.)

姓名 (丹斯里/拿督/ 博士/ 医生/女士/等)

Preferred Name 首选姓名..... Nationality 国籍.....

NRIC No身份证 / Passport No护照 Country of Passport护照国家.....

Malaysia PR马来西亚永久居民: Yes 是 No 不是 Type of Visa签证类型.....

Home Telephone 住家电话..... Mobile 手机

Personal Email 私人电邮.....

Company Name 公司名称..... Designation / Job Title 职称.....

Office Telephone 办公电话..... Office Email 办公电邮.....

Office Address 办公地址

Postcode 邮政编码 City / State 城市/州属..... Country 国家.....

Relationship to the student (for Guardian) 学生与监护人的关系:

Information of Sibling, if any 兄弟姐妹资料

NO 数目	NAME 姓名	CURRENT SCHOOL 目前学校名称	DATE OF BIRTH 出生日期	LEVEL 等级	SEX 性别

Section C: BILLING INFORMATION

C 部分: 付款方式

Attention Correspondence and Bills to 通信和账单负责人 :

Father父亲 Mother母亲 Guardian监护人

Send to 发送至

Home Address 家庭地址 Father's Office 父亲办公室 Mother's Office 母亲办公室

Fees are paid by 费用支付者

Parent 父母亲 Grandparent 祖父母 Parents' Employer 家长雇主

Guardian 监护人 Agent 代理人 Other 其他

Preferred Method of Payment 首选付款方式

Cheque 支票 Cash 现金 Bank Transfer 银行转帐

If billing should be sent to another person / address, please provide information below:

如果费用帐单需发送至另一个人/地址，请提供以下资料：

Full Name (Tan Sri / Dato' / Dr / Mr / etc.) 姓名 (丹斯里/拿督/ 博士/ 医生/ 先生/等)

Preferred Name 首选姓名 Nationality 国籍

NRIC No 身份证/ Passport No 护照

Home Telephone 住家电话 Mobile 手机

Personal Email 私人电邮

Company Name 公司名 Designation / Job Title 职称

Office Telephone 办公电话 Office Email 办公电邮

Office Address 办公地址

Postcode 邮政编码 City / State 城市/州属 Country 国家

Section D: EMERGENCY CONTACT 紧急联系人

Contact priority in case of emergency 紧急状况下优先联络人:

[] Father 父亲 [] Mother 母亲 [] Guardian 监护人

If person(s) listed above are not reachable, please contact:

如果以上列出的人无法联络，请联络：

Name 姓名 (1)

Relationship to the Student 与学生的关系

Home Telephone 住家电话 Mobile 手机

Email 电邮 Office Telephone 办公电话

Name 姓名 (2)

Relationship to the Student 与学生的关系

Home Telephone 住家电话 Mobile 手机

Email 电邮 Office Telephone 办公电话

Section E: AGREEMENT & DECLARATION 协议与宣言

I / We parent / guardian of child confirm that I / We have read and fully understand the terms and conditions and the nature and effects thereof. I hereby expressly confirm my / our agreement thereto.

I / We will support the School in the application of its policies and procedures and that my child / ward will comply with all the requirements of the policies, rules, and regulations of the School and thus undertake to perform all such obligations and / or comply with all terms and conditions set out on my / our part to be performed or complied with, particularly but not limited to payment of all monies payable to the School. I / We hereby undertake and agree that in the event that WMS Ipoh (International) School shall exercise its rights to forfeit all / any fees and / or Deposit(s), I/We shall not have any claim whatsoever against the School.

I / We acknowledge that the withholding or non-disclosure of any relevant information relating to my child's / ward's physical, medical or educational needs may affect my child's / ward's application for enrolment and admission as a student of the School. I agree that any offer of placement is conditional on the accuracy of the information provided by me /us.

我/父母/监护人 证实我/我们已经阅读并充分了解所有的条款和条件以及其本质和影响。 我特此证实并确定我/我们的协议。

我/我们将支持学校实施的政策和程序，我的孩子/受监护人将遵守学校之政策，规则和条例的所有要求，从而承诺实行所拟定的义务和/或遵守所规定的条款和条件，包括支付学校的所有款项。我/我们承诺并同意，如果槟州卫理国际学校发现有违规事项，并在有需要的任何情况下，执行其权利没收全部/相关收费和/或定金，我/我们将不会对校方采取任何索赔或控诉。

我/我们认知，若保留或不透露我孩子/受监护人的身体状况，医疗或学校报告的相关资料，即可影响我孩子/受监护人的入学申请资格。我同意此申请被录取的首要条件乃取决于我/我们提供准确性的资料。

Signature of Father / Guardian 父亲/监护人签名

Name 姓名

NRIC / Passport No 身份证/护照:

Date 日期:

Signature of Mother / Guardian 母亲/监护人签名

Name 姓名

NRIC / Passport No 身份证/护照:

Date 日期:

APPLICATION CHECKLIST 申请资料核对表

This checklist is provided to assist you through the application process. Please complete and submit the following to the Marketing Office for consideration:

此核对表帮助您审查申请过程中所需资料，并将之呈交至我们的营销部门以供审核：

NO 数目	CHECKLIST 核对表	TICK (√) 画勾	REMARK 备注
1	Student' Application Form 学生申请表格		
2	A non-refundable and non-transferable Application Fee 不退还及不可转让的申请费		
3	1 Photocopy of Child's Birth Certificate 1 张孩子出生证书副本		
4	1 Photocopy of Child's Identity Card / Mykad / Passport 1 张孩子身份证/ Mykad /护照副本		
5	1 Photocopy of Child's Visa (Foreign Students) 1 张孩子签证副本 (外国学生)		
6	1 Photocopy of each Parent's/Guardian's Identity Card /Passport / Working Visa 1 张家长/监护人的身份证/护照/工作签证的副本		
7	1 Photocopy of Parent's Marriage Certificate 1 张父母结婚证书副本		
8	1 Photocopy of Legal Custody Document (if divorced) 1 份法定监护权文件复印件 (如果已离婚)		
9	1 Business Card of each Parent/Guardian (if any) 1 张家长/监护人的名片 (若有)		
10	2 Recent Colour Passport-size Photographs of Child 2 张最近护照尺寸的孩子颜色照片		
11	1 Photocopy of Child's Previous/Current Academic Report/School Leaving Certificate 1 份孩子以前/现在的成绩单/毕业证书副本		
12	Confidential Medical Report of Child 孩子的保密医疗报告副本		

OFFICE USE ONLY 供办公处使用

<input type="checkbox"/>	Accepted 接受
<input type="checkbox"/>	Rejected 拒绝
<input type="checkbox"/>	Deferred 延后
<input type="checkbox"/>	Conditional 附条件
<input type="checkbox"/>	Cancelled 取消
<input type="checkbox"/>	Discount (if applicable) 折扣 (如合适)

Entry Level Offered 入学年级:

<input type="checkbox"/>	Reception 幼儿班 / Pre-School 学前班
<input type="checkbox"/>	Junior Year 小学
<input type="checkbox"/>	Senior Year 中学

COMMENT:

Sports House 运动队伍 : _____ Student No 学生号码: _____ Date 日期: _____