





MASJID KAMPUNG SIGLAP



### PARENTS' PARTICULARS

(Circle where appropriate)

<b>Relationship to Student:</b> Mother / Father / Others (please specify) _____	<b>Relationship to Student:</b> Mother / Father / Others (please specify) _____
<b>Name:</b> _____  <b>NRIC No.:</b> _____	<b>Name:</b> _____  <b>NRIC No.:</b> _____
<b>Date of Birth:</b> ___ day ___ month ___ year <b>Country of Birth:</b> _____  <b>Race:</b> _____ <b>Citizenship:</b> _____	<b>Date of Birth:</b> ___ day ___ month ___ year <b>Country of Birth:</b> _____  <b>Race:</b> _____ <b>Citizenship:</b> _____
<b>Marital Status:</b> Single / Married / Separated / Divorced / Widowed	<b>Marital Status:</b> Single / Married / Separated / Divorced / Widowed
<b>Mobile No.:</b> _____  <b>Email Address:</b> _____	<b>Mobile No.:</b> _____  <b>Email Address:</b> _____
<b>Occupation:</b> _____  <b>Gross Salary Range:</b> <input type="checkbox"/> Below \$1000 <input type="checkbox"/> \$4001 - \$5000 <input type="checkbox"/> \$8001 - \$9000 <input type="checkbox"/> \$1001 - \$2000 <input type="checkbox"/> \$5001 - \$6000 <input type="checkbox"/> \$9001 - \$10000 <input type="checkbox"/> \$2001 - \$3000 <input type="checkbox"/> \$6001 - \$7000 <input type="checkbox"/> Above \$10001 <input type="checkbox"/> \$3001 - \$4000 <input type="checkbox"/> \$7001 - \$8000	<b>Occupation:</b> _____  <b>Gross Salary Range:</b> <input type="checkbox"/> Below \$1000 <input type="checkbox"/> \$4001 - \$5000 <input type="checkbox"/> \$8001 - \$9000 <input type="checkbox"/> \$1001 - \$2000 <input type="checkbox"/> \$5001 - \$6000 <input type="checkbox"/> \$9001 - \$10000 <input type="checkbox"/> \$2001 - \$3000 <input type="checkbox"/> \$6001 - \$7000 <input type="checkbox"/> Above \$10001 <input type="checkbox"/> \$3001 - \$4000 <input type="checkbox"/> \$7001 - \$8000
<b>Signature:</b> _____	<b>Signature:</b> _____



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### STUDENT'S HEALTH INFORMATION

(Tick where appropriate)

**Any Medical Condition?**  Yes  No

If Yes, please specify:

**Areas of Special Needs:**

- Autism Spectrum Disorder (ASD)
- Attention Deficit and Hyperactivity Disorder (ADHD)
- Down Syndrome
- Global Development Delay (GDD)
- Physical Disability (please specify: \_\_\_\_\_)
- Speech Impairment (Undergoing Speech therapy)
- Others (please specify): \_\_\_\_\_

**Any Medical or Food Allergy?**  Yes  No

If Yes, please specify:

### STATEMENT OF DECLARATION

(Circle where appropriate)

I declare that the information provided in this application is true and has been provided willingly. I understand that any part of this application improperly completed or falsely declared may lead to rejection of the application.

I **would like / would not like** to apply for the GIRO scheme to pay for my child's fees.

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Date of Application

### FOR OFFICIAL USE

<b>Registration Fees</b>	\$20		<b>Total Fees Paid: \$</b>
<b>Miscellaneous Fees (aLIVE)</b>	\$40		<b>Receipt No.:</b>
<b>Miscellaneous Fees (Sec)</b>	\$20		<b>Name of Officer:</b>
<b>Books Package (aLIVE)</b>	\$25		
<b>School Fees (Jan &amp; Dec)</b>	\$80		
<b>Others (please specify)</b>			
			<b>Date:</b>