

# ST JOSEPH'S INSTITUTION INTERNATIONAL SCHOOL MALAYSIA (TROPICANA PJ CAMPUS)



## APPLICATION FORM

Please complete all sections and the checklist at the end prior to submission.

The form is to be completed in block letters and in black ink.

Recent student's  
photo here

### SECTION 1 (STUDENT DETAILS)

#### Personal Particulars

Legal forename	<input type="text"/>	Legal surname	<input type="text"/>
Preferred forename	<input type="text"/>	Preferred surname	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Age	<input type="text"/>
Gender*	Male <input type="checkbox"/>	Female	<input type="checkbox"/>
Year group applied for	<input type="text"/>	Preferred start date	<input type="text"/>
Nationality	<input type="text"/>	Passport/NRIC	<input type="text"/>
Race (Malaysians only)	<input type="text"/>	Religion	<input type="text"/>

#### English Learning Experience (to be completed by Non Native Speakers only)

How many years has your child been learning English?	<input type="text"/>	Years
How many years has your child attended an English speaking school?	<input type="text"/>	Years
Has your child passed any English language tests?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate:	<input type="text"/>	

\*Please tick where applicable

**Further Information**

- Has your child ever attended special classes because of an exceptional talent? Yes ☐ No ☐  
If yes, please indicate:
- Has your child ever been seen by an Educational Psychologist/Occupational Therapist/Psychiatrist/Counsellor/Speech Therapist/other specialist/or has had any educational psychology assessment? Yes ☐ No ☐  
If yes, please indicate:
- Has your child ever received any special help or ever attended special classes for any learning, social, emotional or behavioral difficulties? Yes ☐ No ☐  
If yes, please indicate:

**Medical Needs**

- Does your child have any medical condition that may affect his/her life at school? Yes ☐ No ☐  
If yes, please indicate:
- Is your child on any prescription drugs? Yes ☐ No ☐  
If yes, please indicate:

Please indicate any other information which might affect your child’s performance in the classroom or during Physical Education/swimming lessons etc.

**Educational History (entered in chronological order, with the most recent school first)**

	Name of School	Address	Date of Entry	Date of Departure	Final Grade Completed	Language of Instruction
1	<input type="text"/>	<input type="text"/> Tel/Fax: Email:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> Tel/Fax: Email:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/> Tel/Fax: Email:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 2 (FAMILY DETAILS)

### Parents

Father's name	<input type="text"/>	Mother's name	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Home Address	<input type="text"/>	Home Address	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Mobile no.	<input type="text"/>	Mobile no.	<input type="text"/>
Tel no.	<input type="text"/>	Tel no.	<input type="text"/>
Place of work (Name and Address)	<input type="text"/>	Place of work (Name and Address)	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Type of business	<input type="text"/>	Type of business	<input type="text"/>
Tel no.	<input type="text"/>	Tel no.	<input type="text"/>
Fax no.	<input type="text"/>	Fax no.	<input type="text"/>

Where parents have different addresses please indicate where child lives

Father ☐ Mother ☐ Guardian ☐ Other

### Guardian

Guardian's name	<input type="text"/>	Email	<input type="text"/>
Contact Address	<input type="text"/>	Mobile no.	<input type="text"/>
		Tel no.	<input type="text"/>

### Siblings (please provide details of any siblings who are applying to SJIM)

Name	<input type="text"/>	Year Group	<input type="text"/>
Name	<input type="text"/>	Year Group	<input type="text"/>
Name	<input type="text"/>	Year Group	<input type="text"/>

## SECTION 3 (OTHERS)

How did you hear about SJIM?

Website ☐ Friend ☐ Advertisement ☐ Company ☐ Other

Please indicate the priority person to be contacted and for documents to be sent (1 or more)

Correspondence and reports	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Guardian <input type="checkbox"/>	Home <input type="checkbox"/>	Work <input type="checkbox"/>
Invoices	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Guardian <input type="checkbox"/>	Home <input type="checkbox"/>	Work <input type="checkbox"/>
	Company	<input type="text"/>			

## SECTION 4 (DECLARATION)

I confirm that the above information and statements are true and correct. I understand that any false or misleading statements, or the withholding of relevant information relating to this application might invalidate the application and that the school may withdraw an offer of a place or cancel the enrolment of my child in consequence.

Name

Date

Signature

Relation to student

## SECTION 5 (ADMISSIONS PROCEDURE)

All applicants to St Joseph’s Institution International School Malaysia will be required to complete the required assessments. The nature of the assessments will depend on the year group of the child. If a child is offered a place at SJIIM, the offer is conditional of the parents signing SJIIM’s Terms and Conditions.

Please complete the following checklist and ensure that all required documents are attached.

- ☐ All Sections of the Application Form have been completed  
(We cannot process the application unless all sections are completed)
- ☐ One recent passport-size photograph of the student
- ☐ A copy of the student’s birth certificate
- ☐ A copy of the most recent full school report and any others from the past 12 months
- ☐ For Malaysian applicants: a copy of the student’s passport (personal details page) or NRIC/MyKid
- ☐ For Malaysian applicants: copies of both parents’ passport (personal details page) or NRICs
- ☐ For international student applicants: copies of the student’s and both parents’ passport inner cover page as well as passes for student’s coming in with dependant visas. For international students without dependant visas, please refer to the admissions page on our website for further details
- ☐ Application fee (non-refundable) as per the Fees Structure. All cheques for payment of fees must be ‘crossed’ and made payable to ‘Tropicana SJII Education Management Sdn Bhd’



### FOR OFFICE USE ONLY

Remarks