



INTERNATIONAL HOLISTIC MONTESSORI
NURTURING LEADERS

BRAINY STARS

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

INTERNATIONAL HOLISTIC MONTESSORI

Please attach
2 passport-sized
photos here

Current Date :

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APPLICATION FOR ADMISSION

Campus Name :

Select Batch

1st

2nd

Van Facility Required

Yes

No

CHILD INFORMATION / GUARDIAN INFORMATION

Child's Name			
Short Name :	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YEAR) :	Place of Birth :
Nationality :		MyKID/Passport No :	
Home Address :			
PIN code :		City :	State :

FAMILY/GUARDIAN INFORMATION

With whom does the student reside? Both Parents Father Mother Other _____

In case of emergency, who (other than a parent) shall BSIM contact and what is the relationship with applicant :

Name :	Relationship :		
Mobile :	Telephone (Home) :	Telephone (Work) :	
Email :			

CHILD ACADEMIC BACKGROUND

PLEASE PROVIDE COPIES OF PREVIOUS SCHOOL RECORDS, TEACHER ASSESSMENTS/REPORTS WHERE POSSIBLE

Year	School Attended, Location	Reason for Leaving

Has your child ever attended a Montessori classroom in the past? Yes No

What are your child's special talents, interests and hobbies?

If attending BSIIM Primary programme (Kindergarten), where do you intend to enrol your child for Standard/Primary 1?

Public School Private School Continue with BSIIM

CHILD'S LANGUAGE PROFICIENCY

PLEASE SELECT ONE

English Language : Good Average Poor

Language Spoken at Home Bahasa English Other

Please Specify: _____

MOTHER/GUARDIAN

Name (First Name, Last Name)	
Date of Birth (DD/MM/YEAR)	
Nationality	
Special Interests & Talents	
Self employed / employee	
Employer	
Income (per annum)	
Work Address	
Work Telephone	
Mobile	
Email	

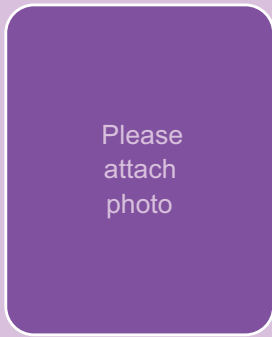
FATHER /GUARDIAN

Name (First Name, Last Name)	
Date of Birth (DD/MM/YEAR)	
Nationality	
Special Interests & Talents	
Self employed / employee	
Employer	
Income (per annum)	
Work Address	
Work Telephone	
Mobile	
Email	

SIBLINGS

Full Name	School/College	Year of Birth

ATTACH THE PHOTOS OF ANYONE WHOM YOU AUTHORISE TO PICK UP YOUR CHILD FROM BSIIM (i.e; parents, grandparents, guardian, driver)

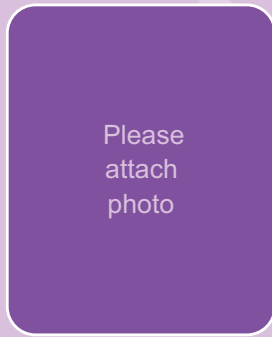


Please attach photo

Relationship :

Vehicle Make/Colour :

Vehicle No :

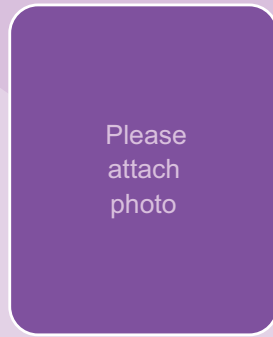


Please attach photo

Relationship :

Vehicle Make/Colour :

Vehicle No :

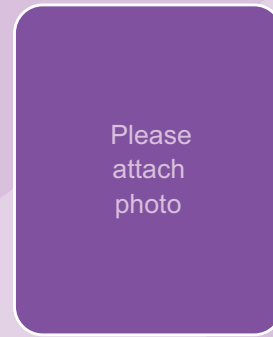


Please attach photo

Relationship :

Vehicle Make/Colour :

Vehicle No :



Please attach photo

Relationship :

Vehicle Make/Colour :

Vehicle No :

How did you learn about BSIIM?

- Magazine
 Newspaper
 Media TV/Radio
 Internet
 Flyers/Banner/Bunting/Brochure
 Friends/Family
 Other
 Please Specify : _____

Why did you choose BSIIM?(You may tick more than 1)

- Islamic Environment
 Montessori Curriculum
 School Environment/Facilities
 Community-Oriented
 Referral
 Other
 Please Specify : _____

CHECKLIST

Please check that you have completed all the following steps

- 1. Complete Application for Admission in full.
- 2. Pay registration fee in full(Refer to Fee Structure).
- 3. Attach 2 passport-sized photos.
- 4. Attach copy of MyKID & Birth Certificate/Passport.
- 5. Enclose previous schools records/reports (if applicable).
- 6. Attach copy of medical reports (if applicable).

THANK YOU VERY MUCH FOR YOUR TIME AND PATIENCE FOR FILLING OUT THIS FORM. WE STRIVE TO CARE, NURTURE AND EDUCATE YOUR CHILD IN THE BEST POSSIBLE WAY, INSYAALLAH.

OTHER REMARKS

BSIIM USE ONLY

DETAILED CHILD INFORMATION

What do you hope your child will gain by attending BSIIIM?

Does your child have any special needs or behavioural issues?

Yes

No

If yes, please specify :

Does your child have any special fears?

If yes, please specify :

Have there been any unusual occurrences in your child's life? (Death in the family, extended hospitalisation, moving, divorce, etc.)

Please explain and provide dates.

Does your child have any allergies and/or sensitives and/or medical conditions of which we should be aware?

If yes, please provide further details :

Yes

No

Do you have any other comments that you feel may add to our understanding of your child and his/her needs?

DIET & FOOD ALLERGIES

Not Applicable

THIS FIELD IS REQUIRED IF YOUR CHILD HAS ALLERGIES. BBIM IS NOT LIABLE FOR ANY ALLERGIC REACTIONS.

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES?

Food Type	
Symptoms	
Suggested Treatment(s)	
Food Type	
Symptoms	
Suggested Treatment(s)	

TOILET TRAINING

PLEASE CHECK THE CATEGORY THAT BEST DESCRIBES YOUR CHILD

Fully toilet trained

Almost toilet trained (Occasional accident still occurs)

Not toilet trained

Parents'/Guardians' Declaration of Commitment

THIS IS A BINDING CONTRACT BETWEEN YOU, THE PARENT(S)/GUARDIAN(S) AND BRAINY STARS INTERNATIONAL ISLAMIC MONTESSORI (BSIIM)

GENERAL POLICY

- I/We have read, understood and support all BSIIM's internal regulations and policies as stipulated in the terms and conditions within the admissions application form, the Parent/Student Handbook (available online) at the www.brainystars.com website.
- I/We understand and agree that BSIIM reserves the right to use my/our child's photograph, video/audio recording taken at BSIIM classroom or elsewhere, for publicity and public relations purposes, including for publication on the www.brainystars.com website.
- I/We understand and agree that BSIIM reserves the right to warn, suspend or disenrol any child, if the child's/parent's/guardian's behaviour poses a problem to the well-being and security of the school community.
- I/We understand that I/we am/are not required to sign this contract as a term of my/our child's admission to Brainy Stars International Islamic Montessori (BSIIM), but do so voluntarily because I/we believe that BSIIM is a partnership between parents and educators in creating the best possible education for children.

DECLARATION

THIS IS A BINDING CONTRACT BETWEEN YOU, THE PARENT(S)/GUARDIAN(S) AND BRAINY STARS ISLAMIC MONTESSORI (BSIIM)

Parent/Guardian Name

Parent/Guardian Signature

Date