



# Kinabalu International School

## ASSESSMENT APPLICATION FORM

### A. TO BE COMPLETED BY APPLICANT:

NAME OF CHILD: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth:   dd   mm   yy Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_

Current School / Country: \_\_\_\_\_ Grade \_\_\_\_\_

Details of Medical, Physical, or Intellectual Impairments  
(Please attach full details separately, together with a doctor's or educational psychologist's report where appropriate.)

\_\_\_\_\_

Temporary BEST Contact Number : \_\_\_\_\_ E-mail : \_\_\_\_\_

Earliest date available to commence school: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

### B. TO BE COMPLETED BY THE ADMISSIONS OFFICER:

<p>Application Fee of <input type="checkbox"/> RM100 <input type="checkbox"/> RM200</p> <p>KIS Receipt No: _____</p> <p>Dated: _____</p>	<p>Assessment Test for Entry into</p> <p><u>PRIMARY:</u> <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 <input type="checkbox"/> Yr 6</p> <p>-----</p> <p><u>SECONDARY:</u> <input type="checkbox"/> Yr 7 <input type="checkbox"/> Yr 8 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11</p>	<p>Assessment Appointments:</p> <p>Date: _____</p> <p>Time: _____</p> <p>Supervisor: <input type="checkbox"/> HOP <input type="checkbox"/> HOS <input type="checkbox"/> ESL <input type="checkbox"/> LA <input type="checkbox"/> NO ASSESSMENT REQUIRED</p>
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### C. TO BE ADMINISTERED BY THE ADMISSIONS OFFICER:

ASSESSMENTS RESULTS TO BE REMARKED BY TEACHERS CONCERNED	
<p><b>MATHS</b> <input type="checkbox"/></p> <p>Time Required: _____</p> <p>Marked by: _____</p>	<p>Comments: _____</p> <p>Comments by: _____</p>
<p><b>ENGLISH</b> <input type="checkbox"/></p> <p>Time Required: _____</p> <p>Marked by: _____</p>	<p>Comments: _____</p> <p>Comments by: _____</p>
<p><b>ESL</b> <input type="checkbox"/></p> <p>Time Required: _____</p> <p>Marked by: _____</p>	<p>Comments: _____</p> <p>Comments by: _____</p>

**D. TO BE COMPLETED BY THE HEAD OF SECTION: To be returned to the AO on the same day of the appointment.**

Assessment / Interview Remarks:

<b>RECOMMENDED CLASS PLACEMENT:</b>	<b>PRI:</b> <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 <input type="checkbox"/> Yr 6
	<b>SEC:</b> <input type="checkbox"/> Yr 7 <input type="checkbox"/> Yr 8 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11
Signed: _____ Date: _____	

**TO BE ADMINISTERED BY THE ADMISSIONS OFFICER**

<b>PROPOSED START DATE</b>	Remarks (if any)
Signed: _____ Date: _____	

**E. OFFICE MANAGER'S ENDORSEMENT FOR FINALISATION OF APPLICATION & ISSUE OF TERM BILLING**

<b>TRIAL EXPIRY DATE (if applicable)</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<b>ADMISSION DATE</b>	<input type="text"/> <input type="text"/> <input type="text"/>
	day    month    year		day    month    year
SCHOOL REPORT	<input type="checkbox"/>	CHILD'S HEALTH RECORD	<input type="checkbox"/>
CHILD'S PASSPORT	<input type="checkbox"/>	CHILD'S BIRTH CERTIFICATE	<input type="checkbox"/>
FATHER'S PASSPORT	<input type="checkbox"/>	MOTHER'S PASSPORT	<input type="checkbox"/>
		RECOMMENDATION	<input type="checkbox"/>
		CHILD'S PHOTOS	<input type="checkbox"/>
		PARENTS' PHOTOS	<input type="checkbox"/>

KIS REGISTRATION NO:  SWASTA REF NO:

**BILL FOR ALL NORM PAYABLE FEES:**

Confirmed Start Date: \_\_\_\_\_ Child:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

**ALSO CHECK & BILL ACCORDINGLY FOR**

Registration Fee     PA Insurance     Half Term    Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**F. PRINCIPAL'S ENDORSEMENT** **\_NB:** STUDENT SHOULD NOT BE STARTED WITHOUT THE COMPLETION & SIGNATURE ON THIS SECTION OF FORM

<input type="checkbox"/> Interview required <input type="checkbox"/> Interview not required	Principal's Signature
Remarks (if any)	
<b>CONFIRMED CLASS PLACEMENT:</b>	<b>PRI:</b> <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 <input type="checkbox"/> Yr 6
	<b>SEC:</b> <input type="checkbox"/> Yr 7 <input type="checkbox"/> Yr 8 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11