



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>MATHS <input type="checkbox"/></p> <p>Time Required: _____</p> <p>Marked by: _____</p>	<p>Comments: _____</p> <p>Comments by: _____</p>
<p>ENGLISH <input type="checkbox"/></p> <p>Time Required: _____</p> <p>Marked by: _____</p>	<p>Comments: _____</p> <p>Comments by: _____</p>
<p>ESL <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:

RECOMMENDED CLASS PLACEMENT:	PRI: <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
	SEC: <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

PROPOSED START DATE	Remarks (if any)
Signed: _____ Date: _____	

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

TRIAL EXPIRY DATE (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ADMISSION DATE	<input type="text"/> <input type="text"/> <input type="text"/> <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"/>	RECOMMENDATION	<input type="checkbox"/>
CHILD'S PASSPORT	<input type="checkbox"/>	CHILD'S BIRTH CERTIFICATE	<input type="checkbox"/>	CHILD'S PHOTOS	<input type="checkbox"/>
FATHER'S PASSPORT	<input type="checkbox"/>	MOTHER'S PASSPORT	<input type="checkbox"/>	PARENTS' PHOTOS	<input type="checkbox"/>

KIS REGISTRATION NO: SWASTA REF NO:

BILL FOR ALL NORM PAYABLE FEES:

Confirmed Start Date: _____ Child: 1st 2nd 3rd 4th 5th

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)	
CONFIRMED CLASS PLACEMENT:	PRI: <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
	SEC: <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