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MEMBER OF THE FEDERATION OF BRITISH INTERNATIONAL SCHOOLS IN SOUTH EAST ASIA AND EAST ASIA (FOBISSEA)

Mailing Address:

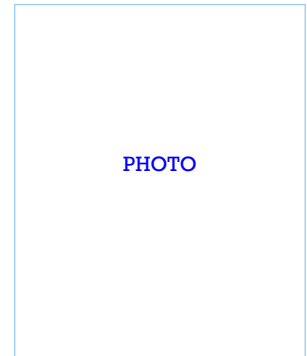
PO Box 12080  
88822 Kota Kinabalu  
Sabah, Malaysia

Street Address:

CL 015507114  
off Jalan Khidmat  
Bukit Padang  
88300 Kota Kinabalu  
Sabah, Malaysia

**FOR OFFICE USE**

DATE OF APPLICATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	day		month		year					
CURRENT YEAR LEVEL	<input type="text"/>	APPLYING TO YEAR LEVEL	<input type="text"/>							
CHRONOLOGICAL YEAR LEVEL	<input type="text"/>									
EXPECTED ENTRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	day		month		year					
EXPECTED ARRIVAL DATE IN KOTA KINABALU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	day		month		year					



**PERSONAL INFORMATION**

NAME OF CHILD (Please write the name you would like to appear on official documents)

<i>Family Name</i>				<i>First Name</i>		<i>Middle Initial</i>		<i>Nickname</i>		
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE AS OF APPLICATION	<input type="text"/>	GENDER	<input type="checkbox"/>	<input type="checkbox"/>
	day		month		year				Male	female
RELIGION	NATIONALITY				CITIZENSHIP					
CHILD'S FIRST LANGUAGE	OTHER LANGUAGES SPOKEN									
CHILD'S PASSPORT <b>(attached IC and/or passport)</b>	NO:				ISSUED AT					

**EDUCATIONAL HISTORY**

PREVIOUS SCHOOL (Begin with the most recent. Use additional sheet if necessary)		YEARS ATTENDED	YEAR LEVEL	YEAR 2 NCT Results	YEAR 6 NCT Results
NAME	ADDRESS			RESULTS ACHIEVED	

**(Attached last two years of grade reports. Students coming from a non-British system should include keys to grading system used. All documents must be in English – if not, please include certified English translation. Also provide samples of English and Maths work where possible.)**

**FAMILY INFORMATION**

Father's Photo	Mother's Photo
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NAME OF FATHER PARENTS	MOTHER
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NATIONALITY <b>(Attach IC and/or Passport)</b>	
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NAME OF COMPANY	
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POSITION <b>(Attach Name Card)</b>	
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ADDRESS	
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TEL FAX (Country code, Area code, Number)	TEL FAX
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MOBILE EMAIL	MOBILE EMAIL
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CONTACT ADDRESS IN HOME COUNTRY
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TEL	FAX	MOBILE	EMAIL
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HOME ADDRESS IN KOTA KINABALU, SABAH
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TEL	FAX	MOBILE	EMAIL
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NAME OF SIBLINGS BROTHER	DATE OF BIRTH	SISTER	DATE OF BIRTH

**FINANCIAL DETAILS**

PAYMENT OPTION	IN FULL <input type="checkbox"/>	MONTHLY INSTALMENT <input type="checkbox"/>	BANKER'S INSTRUCTION <input type="checkbox"/>
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WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF FEES? <b>(NOTE THAT THE KIS DEALS ONLY WITH PARENTS IN THIS REGARD)</b>
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TERM BILLING IS ISSUED DURING THE LAST WEEK OF A CURRENT TERM AND VIA YOUR CHILD AT KIS <b>IF PREFERRED OTHERWISE, PLEASE INDICATE ACCORDINGLY BELOW.</b>	
<input type="checkbox"/> Via Mail <b>(Address to be furnished)</b> _____ _____	<input type="checkbox"/> Via Email <b>(Address to be furnished)</b> _____ _____

OTHER INFORMATION	
TICK WHERE APPROPRIATE: <input type="checkbox"/> KK RESIDENTS <input type="checkbox"/> MOVING TO KOTA KINABALU / PROBABLE DURATION OF STAY?	
HOW DID YOU FIND OUT ABOUT THE SCHOOL? Others	Referral <input type="checkbox"/> Publication <input type="checkbox"/> Ads <input type="checkbox"/> Website <input type="checkbox"/>
IF YOUR CHILD IS ADMITTED TO KIS, WILL HE/SHE BE LIVING FULL TIME WITH BOTH PARENTS <input type="checkbox"/> / ONE PARENT <input type="checkbox"/>	
IF NOT, WHO WILL HE/SHE BE LIVING WITH? <b>NAMES:</b>	
ARE THE GUARDIANS RELATED TO YOU? YES <input type="checkbox"/> / HOW LONG HAVE YOU KNOWN THE GUARDIANS? NO <input type="checkbox"/>	
<b>PLEASE NOTIFY THE SCHOOL OF ANY CHANGES IN CIRCUMSTANCES. FAILURE TO DO SO MAY RESULT IN THE WITHDRAWAL OF YOUR CHILD FROM SCHOOL.</b>	

CHILD HEALTH RECORD						
IMMUNIZATION						
Immunization history	Date	Date	Date	Date	Date	Date
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>			
Polio*						
DPT Diptheria/Pertusis/Tetanus*						
DT Diptheria/Tetanus						
HIB (Haemophilous influenza B)						
MMR (Measles, Mumps & Rubella)						
Typhoid						
Hepatitis A						
Hepatitis B						
BCG (Tuberculosis)						
Meningitis A & C						
Japanese encephalitis						
Any other						
<b>* Initial series given in infancy</b>						
HEALTH HISTORY						
Any problems at birth						
What is your child's blood type?			RH Group			
Medication taken on a regular basis						
Any known allergies (eg elastoplast, iodine)			Medication			
Has your child ever been hospitalized?			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If so, for what?						

Any Other Relevant Information

ILLNESS	YES / NO	DATE	ILLNESS	YES / NO	DATE
<i>Chicken pox</i>			<i>Heart problems</i>		
<i>Rubella</i>			<i>Epilepsy</i>		
<i>Measles</i>			<i>Febrile Convulsion</i>		
<i>Mumps</i>			<i>Meningitis</i>		
<i>Pertussis</i>			<i>Diabetes</i>		
<i>Poliomyelitis</i>			<i>Asthma</i>		
<i>Tuberculosis</i>			<i>Chronic ear infection</i>		
<i>Hepatitis A</i>			<i>Urinary Tract Infection</i>		
<i>Hepatitis B</i>			<i>Eczema</i>		
<i>Behavioural disorders</i>			<i>Others</i>		

Do you have any other worries concerning your child's health? (Please explain)

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In emergency, if unable to contact parent, contact:

Phone \_\_\_\_\_  
(Country code) (Area code) (Phone no)

Child's Pediatrician

Phone \_\_\_\_\_  
(Country code) (Area code) (Phone no)

Address

Please indicate any other relevant family circumstances

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**AUTHORISATION**

I hereby  **give**  **do not give** my consent to have my child taken to hospital in case of emergency (every effort will be made to contact you or the named emergency contact first). I undertake to pay any costs arising from resulting treatment.

From time to time the school uses photographs of children and events for publicity purposes. These appear in newspapers, advertisements etc. **If you object** to your child's photography being used in this way, please tick the box.

Parent/Guardian Signature: \_\_\_\_\_ DATE 

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day month year

## CHILD INFORMATION SHEET

This information helps us to assess your child's educational needs. Please complete this form as fully as possible. If there is any information that you would prefer to share in person, please approach your child's teacher or Head of School.

1. Has your child ever experienced difficulties setting in at a new school? Yes  No

(If yes, please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your child ever had any behavioral difficulties? Yes  No

(If yes, please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any concerns about your child's social development? (i.e. does he/she have difficulty making friends? Does he/she only have friends who are older or younger?) Yes  No

(If yes, please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has your child received any special education input in the past? (e.g. an individual education programme – IEP, extra help with reading/spelling, an assessment by an educational psychologist, etc)?

YES  NO

(If yes, please give details and/or copies of reports which have not been passed to KIS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you think your child has any special educational needs? Are there any subjects or particular areas that you feel he/she needs a little extra help in? YES  NO

(If yes, please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is there any family history of dyslexia (reading and spelling problems) or any other educational difficulties?

YES  NO

(If yes, please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does your child have (or has ever had) any visual, hearing or motor problems? YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Applicable for Primary Applicants Only)**

8. Is (or was) your child prone to coughs, colds and ear infections? YES  NO
- 
9. Does your child have (or has ever had) feeding problems (e.g. problems sucking, chewing, swallowing, drooling, etc.)? YES  NO
10. Does your child eat a "normal" diet now or does he/she tend to prefer "soft" easy to chew foods? YES  NO
11. Please try and provide approximate ages for when your child first achieved the following
- |                     |                             |
|---------------------|-----------------------------|
| crawling _____      | first clear words _____     |
| walking _____       | having a conversation _____ |
| standing _____      | toilet training _____       |
| dressing self _____ | feeding self _____          |
12. Please add any information which you feel would help us in providing for your child's needs.
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**DECLARATION AND SIGNATURE**

- I declare that the information in this application form is true and correct.
- I accept that before I withdraw my child/ward out of the school for whatsoever reasons, a full academic term's notice in writing must be given to the school on or before the commencement of the preceding academic term in which I intend to withdraw my child/ward from the school.
- School fees are due on or before the first day of term or school; I hereby agree to settle all payable school fees promptly and in accordance with KIS fee policies. I also understand and agree that if I default in paying the fees, the school has the right to bar my child/ward from attending class.
- I agree to my child being included in swimming lessons, educational outings, physical education and extra-mural activities while he/she is attending Kinabalu International School. In the event of any accident or injury whilst participating in the above, I will not hold the School or any member of the School staff responsible. In signing this indemnity, I understand that adequate supervision will be given to the child at all times.
- I undertake to ensure that proper care is taken of any books brought home by my child. In the event of damage to or loss of books, I will reimburse the School for the full cost of the book/books.
- I undertake to adhere to the school rules regarding school uniform and regulation footwear.
- I agree to co-operate with the school in matters of discipline.
- I agree  decline  to have my phone numbers published to other parents of the school. Non-indication denotes agreement.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

DATE        
day month year

**PLEASE NOTE THAT COMPLETION OF THIS FORM DOES NOT GUARANTEE THAT A PLACE IS AVAILABLE. THE SCHOOL RESERVES THE RIGHT TO REFUSE ADMISSION TO ANY STUDENT WHO DOES NOT MEET ALL THE ADMISSION REQUIREMENTS AND CRITERIA**