



+60 88 224526 / 248097 / 245325

+60 88 244203

Email: [kismy@streamyx.com](mailto:kismy@streamyx.com)

Website: [www.kis.edu.my](http://www.kis.edu.my)

Mailing Address:

PO Box 12080  
88822 Kota Kinabalu  
Sabah, Malaysia

Street Address:

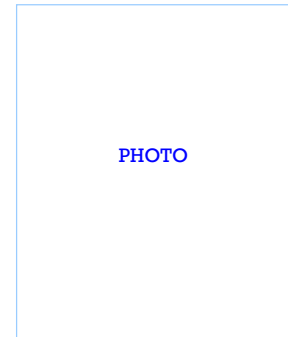
CL 015507114  
off Jalan Khidmat  
Bukit Padang  
88300 Kota Kinabalu  
Sabah, Malaysia

## APPLICATION FORM

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

### 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"/>
	day		month		year				
CURRENT YEAR LEVEL	<input type="text"/>	APPLYING TO	<input type="text"/>	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"/>
	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"/>
	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"/>
	day	month	year
AGE AS OF APPLICATION	<input type="text"/>	GENDER	<input type="text"/>
		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	YEAR 6
NAME	ADDRESS			NCT Results	NCT Results
		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	
NAME OF FATHER PARENTS		MOTHER	
NATIONALITY <b>(Attach IC and/or Passport)</b>			
NAME OF COMPANY			
POSITION <b>(Attach Name Card)</b>			
ADDRESS			
TEL <small>(Country code, Area code, Number)</small>	FAX	TEL	FAX
MOBILE	EMAIL	MOBILE	EMAIL
CONTACT ADDRESS IN HOME COUNTRY			
TEL	FAX	MOBILE	EMAIL
HOME ADDRESS IN KOTA KINABALU, SABAH			
TEL	FAX	MOBILE	EMAIL
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"/>		
WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF FEES? <b>(NOTE THAT THE KIS DEALS ONLY WITH PARENTS IN THIS REGARD)</b>		
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:  KK RESIDENTS  MOVING TO KOTA KINABALU / PROBABLE DURATION OF STAY?

HOW DID YOU FIND OUT ABOUT THE SCHOOL?  
Others

Referral  Publication  Ads  Website

IF YOUR CHILD IS ADMITTED TO KIS, WILL HE/SHE BE LIVING FULL TIME WITH BOTH PARENTS  / ONE PARENT

IF NOT, WHO WILL HE/SHE BE LIVING WITH?

**NAMES:**

ARE THE GUARDIANS RELATED TO YOU? YES  / HOW LONG HAVE YOU KNOWN THE GUARDIANS?  
NO

**PLEASE NOTIFY THE SCHOOL OF ANY CHANGES IN CIRCUMSTANCES.  
FAILURE TO DO SO MAY RESULT IN THE WITHDRAWAL OF YOUR CHILD FROM SCHOOL.**

## 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.

-----  
-----

**CHECKLIST**

SCHOOL REPORTS

CHILD'S HEALTH RECORD

CHILD'S PHOTOS

CHILD'S PASSPORT/ IC

PARENTS' PASSPORTS/ IC

PARENTS' PHOTOS

## DECLARATION AND SIGNATURE

1. I declare that the information in this application form is true and correct.
2. 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.
3. 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.
4. 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.
5. 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.
6. I undertake to adhere to the school rules regarding school uniform and regulation footwear.
7. I agree to co-operate with the school in matters of discipline.
8. I agree  decline  to have my phone numbers published to other parents of the school. Non-indication denotes agreement.
9. 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.

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

DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.**

## TO BE COMPLETED BY THE OFFICE/ ADMISSIONS OFFICER

Completed Forms and Documents received on:

Assessment Appointments:

1)

2)