

Please complete all sections of the form and the following checklist before submitting:

- One recent passport-sized photograph of student and parents
- A copy of the student's birth certificate **and** NRIC or passport (personal details page only)
- A copy of both parents' passport (personal details page only) or NRIC

Please complete the form in block letters or typed.

APPLICATION FORM

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"/>
	day		month		year		
EXPECTED START DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	day		month		year		
ELIGIBLE TO JOIN RECEPTION	<input type="text"/>						

PHOTO

PERSONAL INFORMATION

Name of child (Please write the name you would like to appear on official documents)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family Name

First Name

Middle Name

Preferred Name

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Age as of application

Gender

<input type="checkbox"/>	<input type="checkbox"/>
Male	Female

Religion:

Nationality:

Race (Malaysians only):

Passport/NRIC no:

Child's first language:

Language spoken at home:

1. Does your child have any known allergies? YES NO

If yes, please give details:

2. Any other relevant information regarding your child's medical history?

PREFERRED GROUP

BUSHBABIES (12 – 24 months)

Wednesday / Friday - 8am-10am

SUNBEARS (24 – 36 months)

Tuesday / Thursday - 8am-10am

FAMILY INFORMATION

FATHER / STEPFATHER		MOTHER / STEPMOTHER			
Photo		Photo			
Please indicate priority for contact 1 <input type="checkbox"/> 2 <input type="checkbox"/>		Please indicate priority for contact 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
Name:		Name:			
Nationality:		Nationality:			
Mobile no:		Mobile no:			
Preferred email address:		Preferred email address:			
Employer:		Employer:			
Occupation:		Occupation:			
Home address in Kota Kinabalu, Sabah:					
Home telephone number:					
Name of siblings Brother	Date of birth	Current school	Sister	Date of birth	Current school
How did you find out about the school? <input type="checkbox"/> Referral <input type="checkbox"/> Employer <input type="checkbox"/> Website <input type="checkbox"/> City Mall Roadshow <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Other, please specify:					

ACCOMPANYING ADULT INFORMATION (if different from above)

Name:
Nationality:
Relationship to Child:
Languages Spoken:
Telephone Number:

DECLARATION AND SIGNATURE

1. I declare that the information in this application form is true and correct. I acknowledge that any incorrect information or the withholding of relevant information may invalidate the application and that the School may withdraw an offer of a place or cancel the enrolment as a consequence.
2. First Steps 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.
3. I agree to my child being included in activities appropriate to a Playgroup 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, along with the attendance of one accompanying adult with my child at each First Steps session.
4. I agree decline to have my phone numbers made available to other parents in the school e.g. for creation of Class WhatsApp groups. Non-indication denotes agreement.
9. I grant the school permission to take photographs, images, recordings of my child and / or their written or visual class work and use such items to celebrate their achievements. The images may also be used as part of the promotional activities of the school. *(If you do not consent to photographs and digital images of your child appearing on the KIS website, social media accounts, printed publications or in promotional activities, please put this in writing for the attention of the Admissions Officer).*
10. I will only use photographs and videos taken at a school event for personal use.

SIGNATURE OF PARENT / GUARDIAN

DATE

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

KIS MISSION AND GUIDING STATEMENTS

Mission Statement: At Kinabalu International School we are dedicated to providing an excellent education in a safe, caring environment, challenging students to achieve their full potential as successful global citizens.

Guiding Statements:

1. We celebrate individual and cultural diversity
2. We are honest, responsible and accountable for our actions
3. We treat others with dignity and respect
4. We are supportive of each other and recognise the importance of each other's well-being
5. We work with others to make the world a better place

Aims:

1. To provide an internationally recognised curriculum
2. To encourage global citizenship, providing students with knowledge, skills and attitudes to participate positively in the world
3. To provide a range of opportunities that challenge students to develop a wide range of skills
4. To achieve positive growth and life-long learning
5. To ensure a safe, secure and well-equipped learning environment for all.

We agree to support the School in the above Mission, Statements and Aims.

SIGNATURE OF PARENT / GUARDIAN

DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FOR OFFICE USE

Parents' Photos: Child's Photo: Child's Passport / IC: Parent's Passport / IC:

Term Fee: PA Insurance: Receipt Number: Start date:

