## **WESLEY METHODIST SCHOOL PENANG (INTERNATIONAL)**

## 槟城卫理国际学校

1 Lebuh Sungai Pinang, 11600 Penang.

T: 012-3611400 / 012-5532055 W: wms.edu.my/penang

E: info@penang.wms.edu.my



Application Form 入学申请表格				Passport Size Photo	
Applying Year/Grad	e 申请年份/年级:			Photo	
Proposed Intake Date 建议入学日期:				护照尺寸照片	
· Boarding 寄宿 [ ] Not required 不需要[ ] 7 Days 七天 [ ] 5 Days 五天			5 Days 五天		
Section A: STU	DENT INFORMA	<u>TION</u>			
A 部分: 学生资料					
Full Name as in NR 姓名 (如同身份证) /出		Passport			
Preferred Name 首选姓名Date of Birth 出生日期					
Identification No	[ ] NRIC 身份证	E			
	[ ] Birth Certific	cate 出生证书			
	[ ] Passport 护	照			
Gender 性别 [	] Male 男  [ ] Fen	nale 女 Coun	try of Birth 出生国家		
Nationality 国籍		Race	/Ethnicity 种族/民族		
Home Address 住址	:				
		Postcode 邮政	7编码		
City/State 城市/州属		Country 国家	₹		
Contact No (Home)	联络电话(住家)	(St	tudent Mobile 学生手	机)	
Languages (Spoker	າ) 沟通语言				
Languages (Written	) 书写语文				
Religion 宗教:					
Educational Details	学历资料:				
Pre-School Name	Country/City	Type of Curriculum	Year (From-Till)	Completed Level of Study	
幼儿园名	国家/城市	课联活动 	学年(从-至)	完成学习水平	
				1	

WMSPI/Sept2024

Primary School Name 小学校名	Country/City 国家/城市	Type of Curriculum 课联活动	Year (From-Till) 学年(从-至)	Completed Level of Study 完成学习水平	
Secondary School Name 中学校名	Country/City 国家/城市	Type of Curriculum 课联活动	Year (From-Till) 学年(从-至)	Completed Level of Study 完成学习水平	
特殊技能/兴趣(例如·	体育,音乐,戏剧,舞蹈 ous disciplinary actio	c, Drama, Dance, Art, 舀,艺术等) n? 涉及任何严重的纪律		[ ] No 没有	
If yes, please expla	If yes, please explain 如有,请说明				
Section B: FAMILY INFORMATION B 部分: 家庭资料  Parents' Marital Status 父母的婚姻状况  [ ] Married已婚 [ ] Separated分居 [ ] Widowed丧偶 [ ] Other其他					
Information of 资料  [ ] Father 父亲					
Preferred Name 首选姓名					
Company Name公司 Office Telephone力 Office Address办公式 Postcode 邮政编码:	可名称公电话 公电话 也址	Desi Offic y / State 城市/州属	gnation / Job Title 职 e Email办公电邮	称	
Country 國家					

Information of 资料 [ ]Mother母亲 [ ]Guardian监护人: Full Name (Tan Sri / Datin / Dr / Mr / etc.) 姓名(丹斯里/拿汀/ 博士/女士/等)					
Prefer	red Name 首选姓名		onalitv 国籍		
	No身份证 / Passport No护照		-		
	sia PR马来西亚永久居民:[])		-		
_	Telephone 住家电话				
	nal Email 私人电邮				
	any Name公司名称				
•	Telephone办公电话		_		
	· Address办公地址				
Postco	ode 邮政编码	City / State 城市/州属			
	y 國家				
Relation	onship to the student (for Guardia	nn) 学生与监护人的关系:			
lua fa musa	ation of Cibling if any Dittot	<i>≻/</i> ≂√l/∿l			
NO	ation of Sibling, if any 兄弟姐妹 NAME	<u> CURRENT SCHOOL</u>	DATE OF BIRTH	LEVEL	SEX
数目	姓名	目前学校名称	出生日期	等级	性别
Section C: BILLING INFORMATION C部分: 付款方式					
	on Correspondence and Bills t ather父亲 [ ] Mother母亲				
Send t	Send to 发送至  [ ] Home Address 家庭地址         [ ] Father's Office 父亲办公室         [ ] Mother's Office 母亲办公室				
Fees a	are paid by 费用支付者				
[ ] Parent 父母亲 [ ] Grandparent 祖父母 [ ] Parents' Employer 家长雇主 [ ] Guardian 监护人 [ ] Agent 代理人 [ ] Other 其他					
Preferred Method of Payment 首选付款方式					
[ ] Cheque 支票   [ ] eWallet 电子钱包 [ ] Bank Transfer 银行转账					

If billing should be sent to another person / address, please provide information below: 如果费用帐单需发送至另一个人/地址, 请提供以下资料: Full Name (Tan Sri / Dato' / Dr / Mr / etc.) 姓名 (丹斯里/拿督/ 博士/ 先生/等) ..... NRIC No 身份证/ Passport No 护照...... Home Telephone 住家电话...... Mobile 手机...... Mobile 手机..... Personal Email 私人电邮..... Company Name 公司名 ..... Designation / Job Title 职称...... Office Address 办公地址..... Postcode 邮政编码......City / State 城市/州属..... Country 國家 ...... Section D: EMERGENCY CONTACT 紧急联系人 Contact priority in case of emergency 紧急状况下优先联络人: [ ] Father父亲 [ ] Mother母亲 [ ] Guardian监护人 If person(s) listed above are not reachable, please contact: 如果以上列出的人无法联络, 请联络: Name 姓名 (1) ...... Relationship to the Student 与学生的关系..... Email 电邮...... Office Telephone 办公电话...... Name 姓名 (2) ......

## Section E: AGREEMENT & DECLARATION 协议与宣言

I / We parent / guardian of child confirm that I / We have read and fully understand the terms and conditions and the nature and effects thereof. I hereby expressly confirm my / our agreement thereto.

I / We will support the School in the application of its policies and procedures and that my child / ward will comply with all the requirements of the policies, rules, and regulations of the School and thus undertake to perform all such obligations and / or comply with all terms and conditions set out on my / our part to be performed or complied with, particularly but not limited to payment of all monies payable to the School. I / We hereby undertake and agree that in the event that WMS Penang (International) School shall exercise its rights to forfeit all / any fees and / or Deposit(s), I/We shall not have any claim whatsoever against the School.

I / We acknowledge that the withholding or non-disclosure of any relevant information relating to my child's / ward's physical, medical or educational needs may affect my child's / ward's application for enrolement and admission as a student of the School. I agree that any offer of placement is conditional on the accuracy of the information provided by me/us.

我/父母/监护人 证实我/我们已经阅读并充分了解所有的条款和条件以及其本质和影响。 我特此证实并确定我/我们的协议。

我/我们将支持学校实施的政策和程序,我的孩子/受监护人将遵守学校之政策,规则和条例的所有要求,从而承诺实行所拟定的义务和/或遵守所规定的条款和条件,包括支付学校的所有款项。我/我们承诺并同意,如果槟州卫理国际学校发现有违规事项,并在有需要的任何情况下,执行其权利没收全部/相关收费和/或定金,我/我们将不会对校方采取任何索赔或控诉。

我/我们认知,若保留或不透露我孩子/受监护人的身体状况, 医疗或学校报告的相关资料,即可影响我孩子/受监护人的入学申请资格。我同意此申请被录取的首要条件乃取决于我/我们提供准确性的资料。

It is essential to provide accurate and complete information in this form. Failure to disclose necessary information or the provision of inaccurate information may result in the school taking action, including, but not limited to, the de-registration of your child from the school. This measure is taken to ensure the safety, well-being, and appropriate educational support for all students.

必须在此表格中提供准确且完整的信息,如未能提供所需信息或提供不准确的信息,学校可能会采取相应措施,包括但不限于将您的孩子注销学籍,此举是为了确保所有学生的安全,福祉以及获得适当的教育支持

Signature of Father / Guardian父亲/监护人签名	Signature of Mother / Guardian母亲/监护人签名
Name姓名	Name姓名
NRIC / Passport No身份证/护照:	NRIC / Passport No身份证/护照:
Date日期:	Date日期:

## APPLICATION CHECKLIST 申请资料核对表

This checklist is provided to assist you through the application process. Please complete and submit the following to the Marketing Office for consideration:

此核对表帮助您审查申请过程中所需资料,并将之呈交至我们的营销部门以供审核:

NO数目	CHECKLIST 核对表	TICK (√ ) 画勾	REMARK 备注
1.	Student' Application Form 学生申请表格		
2.	A non-refundable and non-transferable Application Fee不退还及不可转让的申请费		
3.	1 Photocopy of Child's Birth Certificate 1张孩子出生证书副本		
4.	1 Photocopy of Child's Identity Card / Mykad / Passport 1张孩子身份证/ Mykad /护照副本		
5.	1 Photocopy of Child's Visa (Foreign Students) 1张孩子签证副本 (外国学生)		
6.	1 Photocopy of each Parent's/Guardian's Identity Card /Passport / Working Visa 1张家长/监护人的身份证/护照/工作签证的副本		
7.	1 Photocopy of Parent's Marriage Certificate 1张父母结婚证书副本		
8.	1 Business Card of each Parent/Guardian (if any) 1张家长/监护人的名片(若有)		
9.	2 Recent Colour Passport-size Photographs of Child 2张最近护照尺寸的孩子颜色照片		
10.	1 Photocopy of Child's Previous/Current Academic Report/School Leaving Certificate 1份孩子以前/现在的成绩单/毕业证书副本		
11.	Confidential Medical Report of Child 孩子的保密医疗报告副本		