培 南 独 立 中 学
SEKOLAH MENENGAH POI LAM (SUWA)
Lot No.18274，Jalan Simpang Pulai，Pengkalan，
31500 Lahat，Perak，Malaysia.
Tel. No. : 605-3218120, 605-3215289 Fax No. : 605-3217023
Email: poilam@poilam.edu.my URL: http://poilam.edu.my

Certificate Number : 601596

Student number (For office use)：

A-LEVEL STUDENTS APPLICATION FORM

Intake: Month Year

A : DETAILS OF APPLICANT:

(Please use BLOCK LETTERS and underline surname)

Full Name (as in Passport)

Age:

Date of Birth (DD/MM/YY)

National:

Passport No:

Valid until:

Gender:：

Male Female

Marital Status:

Married Single

Correspondence Address in Malaysia：

E-Mail Address：

Tel. No. (Mobile)

Do you have any medical condition(s) that require(s) special assistance?

No Yes If YES, please specify：

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B : DETAILS OF PARENTS, GUARDIAN OR NEXT OF KIN

(Please fill in the following information for emergency contact)

1) Name of Father / Guardian (as in Passport)

Correspondence Address (if different from permanent address in Section A)

Tel. No. (Mobile)

Tel. No. (Office)

E-Mail Address

2) Name of Mother (as in Passport)

Tel. No. (Mobile)

C : ACADEMIC QUALIFICATIONS

1. Please state ALL the relevant academic qualification(s) that you hold
(Enclose all relevant documents to support your qualifications)

Name of Institution	Details of Qualifications	Year

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D : DECLARATION

I certify that the information given herein is true and correct, and I acknowledge that any false and/or incorrect information or documentary evidence may result in the cancellation of my enrolment in the program of study.

Applicant's Signature: Applicant's Name: Date:

_____ _____ _____

E : DECLARATION BY PARENT / GUARDIAN / SPONSOR IF THE APPLICANT IS BELOW 21 YEARS OF AGE

I _____ hereby undertake to guarantee the good conduct of the applicant (student's name _____, reference no. _____) while he / she is studying at POI LAM HIGH SCHOOL. I also agree to pay all fees by the due date to the institution on his / her behalf in accordance with the regulations of POI LAM HIGH SCHOOL.

Signature of Parent / Guardian / Sponsor: Relationship: Date:

_____ _____ _____

FOR OFFICE USE ONLY	
Application approved by: HOD / Authorised Staff	
Name:	
Signature:	Date: