入宿表格 Hostel Registration Form (A) 类别 Category 年份 Year □ 旧生 插班生 新生 \Box \Box New student Transferred student Existing student (B) 国籍 Nationality 本国学生 □ 国际学生 Local student International student :_ (C) 学生资料 Student's Particulars 近照 Recent 请以正楷/英文大字母填写 Please write in CAPITAL LETTERS **Photograph** 班久 Name 中文姓名 年龄 Chinese Name Age 出生地点 性别 男 Male 女 Female Gender Place of Birth 身份证号码 出生日期 NRIC No. Date of Birth *护照号码 出生证明号码 Passport No. B/C No. 电邮 联系电话号码 Email Address Contact No. tab. tab Address 种族 华裔 □ 印裔 Indian 其他 巫裔 Chinese Race Malay Others: □ 兴都教徒 佛教徒 回教徒 基督教徒 □ 其他 Hindu 国际生填写而以 To be filled up by International Student only (D) 学生健康状况 Student's Health Condition 健康状况良好? □ 是 Yes □ 否 No:_ Good health condition? 有 Yes (请注明 Please indicate) 心脏病 Heart Disease 精神疾病 Mental illness ◆ 糖尿病 Diabetes 高血压 Hypertension 其他疾病史 Other medical problem 皮肤敏感 Skin disease 药物敏感 Allergy to medicine 癫痫 Epilepsy 气喘 Asthma 其他 Others :_ 请注明其他事项(如有) Other remarks (If any) 无 None 有 Yes (请注明 Please indicate) 医药卡 Medical card a) 保险公司 Insurance co.:__ b) 医药卡号码 Card no. :_ 有 Yes (请注明 Please indicate) \Box a) 医院 Hospital:_ b) 医生 Doctor :_ 若需要急诊或发生意外, 无 None 有无指定医院及医生 注意: In case of any emergency, is there any appointed hospital or doctor? *若您勾选"无", 意味同意校方优先将学生送往附近诊所或医院。以下是诊所或医院的资料: * If it is not stated, students will be sent to a nearby clinic or hospital stated below in case of an emergency / A. Klinik Alpha 05-321 5512 (Aeon 附近 near Aeon) B. Poliklinik Pengkalan 05-3213436 (Aeon 附近 near Aeon) C. General Hospital Ipoh 恰保中央医院 05-2085000

重要声明:家长或监护人须如实填写孩子的健康状况信息。若未能如实告知有关孩子的健康状况,学校保留勒令学生退学的权力。 Important Declaration: Parents or guardians are required to provide accurate infomation about the child's health status.

If parents or guardians fail to disclose the child's medical condition truthfully, the school reserves the right to suspend the student.

(E) 家长/监护人资料	Par	ents'	' / Gı	uardi	ian's	Par	ticul	ars																								
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(F) 同意书 Acknowledgement

本人授权及委托舍监为小儿 /小女处理寄宿期间所发生的事项,如外出参加课外活动及紧急时由舍监代表本人签住院手续及施手术同意书等。如有发生意外事件,本人将不追究校方或会监之责任。

I hereby agreed and understand that the hostel warden is act on my behalf if any parental consent and signature is needed such as allowing my child to participate in school activities, admitting to hospital or permission for surgery in case of emergency etc. I will bear the responsibility for any unwanted incident.

备注 Remarks:

指定医院名称请参阅(D) For appointed hospital, please refer to Section (D)

本人已详阅学校之宿舍管理条规,并保证子女住校期间将遵守宿舍一切规定及接受师长之指导,如有违规,愿依校规处置。

I have read and agreed the Hostel Rules and Regulations as laid down by the school authority and I will ensure that my son / daughter will obey these rules and follow teachers' guidance. I understand and I am willing to accept any disciplinary action imposed to my child who breaks the school rules and regulations.

寄宿生回家条规 (回家 - 周末、假期或其他事故)

Permission to leave Hostel (Going home - weekends / vacation or other matters)

所有寄宿新生及插班生皆不被允许自行回家。

All new hostelites will be allowed to go home only when they are accompanied by the parents / guardians.

住宿第二年起,只有完成完整的申请手续,才可以自行回家。

The hostelites will be allowed to go home on their own once they are in the second year with complete application procedures.

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* 若寄宿生的父母已离异,请填写以下部分: -

Kindly put a tick (\checkmark) if applicable for parents who are separated / divorced:-

- ▲人拥有子女的法定监护权,并允许子女的父亲/母亲不需本人允许,可自行到校接送子女。 I have the legal custody of my child, but, I allow my child's father / mother fetch my child without my permission.
- 本人拥有子女的法定监护权,除非得到本人的允许,否则子女的父亲/母亲不可自行到校接送子女。 I have the legal custody of my child, and, my child's father / mother is only allowed to fetch my child with my permission.

寄宿生外出条规 (申请外出 - 周末或假日)

Permission to leave Hostel (Going out - school weekends or holidays)

所有寄宿新生及插班生皆不被允许自行外出。

All new hostelites will be allowed to go out only when they are accompanied by the parents / guardians.

只有凭家长/监护人的信息,寄宿生才被允许外出。

The hostelites will be allowed to go out with parents / guardians' approval (text message).

(G) 声明 Declaration

以上乃据实填报之资料,如日后发现有任何虚构之资料, 本人愿意承担一切后果行为。

I verify that the above information is correct to the best of my knowledge. I accept under the condition of providing false information deliberately could result in dismissal of my child from the Hostel.

签名 Signature								
姓名								
Name								
身份证/护照号码 NRIC/Passport no.								
日期 Date								

20.04.2025 v1

	学校记录 Off	ice Record								
入宿日期 Admission Date		房间编号 Room No.								
备注 Remark										
请确保以下文件副》 Please ensure the fo	本已附上 llowing documents copies are attached	备注 Remark								
	证(本地生)/护照(国际生) NRIC (Local) / Passport (International)									
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□ 学生近照 Student's	(4张) recent photos (4 copies)									
	卡(若有) Medical Card (If any)									
分派以下的卡给寄宿生 Allocation of below cards to hostelite										
□ 外出卡 Outing Ca	回家卡 ard Home Return Card									
姓名 Name		签名								
日期 Date		Signature								

18.04.2025 v1