



BEACONHOUSE SRI MURNI SCHOOL CHERAS

BATU 9, Jalan Cheras. 43200, Selangor Darul Ehsan
Tel : +603-9075 1662, 9075 1663 Fax : +603-9076 1507

STUDENT REGISTRATION FORM

1) PLEASE SELECT THE COURSE

(Please tick ✓ in the appropriate box)

- JUNIOR JUNIOR : _____
- SENIOR SENIOR : _____
- CIPP YEAR : _____
- CAMBRIDGE IGCSE YEAR : _____



2) NAME : _____

3) FEMALE MALE (Please tick ✓)

4) MYCARD/PASSPORT NO : _____ BIRTH CERT No: _____

5) DATE OF BIRTH : ____ / ____ / ____ AGE : _____

6) NATIONALITY : _____ /

7) PREVIOUS SCHOOL : _____

8) RESIDENTIAL ADDRESS : _____

9) **FATHER'S OR GUARDIAN'S DETAILS**

- NAME : _____
- OCCUPATION : _____
- MYCARD/PASSPORT No : _____
- MOBILE (H/P) No : _____
- COMPANY NAME &
ADDRESS : _____

10) **MOTHER'S DETAILS**

- NAME : _____
- OCCUPATION : _____
- MYCARD/PASSPORT NO : _____
- MOBILE (H/P) No : _____
- COMPANY NAME & ADDRESS : _____

19) **BROTHER/SISTER (SIBLING) IN BEACONHOUSE**

No	Name of Brother/Sister	School	Level
1			
2			
3			

20) **DECLARATION BY PARENT/GUARDIAN**

- I / We hereby include a payment of RM _____ (Cash , Crossed cheque, Money Order, Bank Draft) addressed to the name of " BEACONHOUSE MALAYSIA SDN BHD " as admission fee and admission deposit.
- I / We understand that this payment is Non Refundable.
- I / We wish to enroll our child/ward in JUNIOR SENIOR CIPP IGCSE
(Please tick ✓ the appropriate box)

Father's/Guardian's Name

Mother's/Guardian's Name

Date : _____

Date : _____

FOR OFFICE USE ONLY

No	Registration Payment Received	Cheque No	Receipt No	Date of Receipt	Received by

Entry to JUNIOR , SENIOR , CIPP , IGCSE for year _____ accepted/rejected.
(Please tick ✓ the appropriate box)

Date : _____

HEAD OF SCHOOL

APPROVED NOT APPROVED (Please tick ✓)

Date : _____

MANAGER OF SCHOOLS

JUNIOR / SENIOR / CIPP / IGCSE