

NURI ENROLLMENT APPLICATION FORM



STUDENT PARTICULARS

Name

IC / Passport Number

--	--	--	--	--	--	--	--	--	--	--	--	--

Birth Certificate Number

--	--	--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--	--	--

Address: _____

Gender: Male Female

Race: Malay Chinese Indian Others _____

Nationality: Malaysian Others _____

Religion: _____



PARENTS/GUARDIAN PARTICULARS #1

Relationship To Child: _____

Name: _____

IC / Passport Number: _____

Nationality: _____

Occupation: _____

Workplace: _____

E-Mail Address: _____

Home Contact: _____

Mobile Contact: _____

Office Contact: _____

PARENTS/GUARDIAN PARTICULARS #2

Relationship To Child: _____

Name: _____

IC / Passport Number: _____

Nationality: _____

Occupation: _____

Workplace: _____

E-Mail Address: _____

Home Contact: _____

Mobile Contact: _____

Office Contact: _____

EMERGENCY CONTACT

Relationship To Child: _____

Name: _____

IC / Passport Number: _____

Nationality: _____

Occupation: _____

Workplace: _____

Address: _____

E-Mail Address: _____

Home Contact: _____

Mobile Contact: _____

Office Contact: _____

MEDICAL HISTORY

Any known Allergies: Yes No

(If Yes please state) _____

Any Known Medical Conditions: Yes No

(If Yes please state) _____

I attest and acknowledge that the information provided in this Enrollment Application Form is correct.

I would like to apply for my child to study in NURI Education Centre.

..... (Parent Signature)

..... (Date)

ADDENDUM - CHANGE OF PARTICULARS AFTER ENROLLMENT

Date	Change of	Change to