



International School
PEARL CITY, PENANG

REGISTRATION FORM

Child's Name: _____ Preferred Name: _____

Nationality: Malaysian Other: _____
Please state

Date of Birth: ____/____/____ Gender: Female Male
DD MM YEAR

Language: English Malay Mandarin Tamil Other: _____
Please state

Has your child attended any previous school? No Yes. Please state school: _____

Father's Name: _____ Mobile Number: _____

Nationality: _____ Email: _____

Mother's Name: _____ Mobile Number: _____

Nationality: _____ Email: _____

Correspondence Address: _____

Postcode: _____

Other Contact Numbers: Home: _____ Office: _____

DECLARATION:

I hereby agree that ALL of the information provided above is accurate and true. I also agree to update the school promptly should any of the submitted details change.

I understand the payment of the Registration and Admission Fee is non-refundable and does not guarantee a place for my child.

I understand and accept that if the information provided is false or misleading, school policies are not followed, and/or the necessary documents are not provided, it is likely that my child will lose their place at GEMS International School of Pearl City, Penang.

Father / Guardian's Signature
Name:

Mother / Guardian's Signature
Name:

Date

FOR OFFICE USE ONLY:

Remark: _____ Staff Member: _____

Admission Year: _____ Academic Year: _____