

Application Form

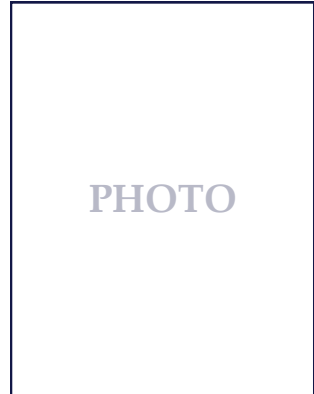


<input type="checkbox"/> Application Form	<input type="checkbox"/> Previous School Report
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate
<input type="checkbox"/> Copy of Student's NRIC OR Passport and Visa	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> Copy of Parent NRIC OR Passport and Visa	<input type="checkbox"/> Student Health Assessment Record
<input type="checkbox"/> Child's Passport size photograph (2 Copies)	<input type="checkbox"/> Placement Test
<input type="checkbox"/> Parent's Passport size photograph (1 Copy Each)	<input type="checkbox"/> Offer Letter and Acceptance of Offer Form
<input type="checkbox"/> Guardian's Documentation (If applicable)	<input type="checkbox"/> Student Vaccination Details (Digital Certificate)

FOR OFFICE USE

Please complete the form in BLOCK letters

Date of application: <input type="text" value="d d"/> <input type="text" value="m m"/> <input type="text" value="y y y y"/>	Current Year Level: <input type="text"/>	Term: <input type="text"/>
Programme Applied: <input type="text"/>	Year: <input type="text"/>	Term: <input type="text"/> <small>*as per placement test result</small>
Student No.: <input type="text"/>	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Online Transfer <input type="checkbox"/> Credit Card	
Counseled by: <input type="text"/>	Remarks: <input type="text"/>	
Regulatory Approval: <input type="text"/>	<small>(International Student Only)</small>	



PERSONAL INFORMATION

Name of Child <small>(as shown in official document)</small>		
Date of Birth: <input type="text" value="d d"/> <input type="text" value="m m"/> <input type="text" value="y y y y"/>	Age: <input type="text"/>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Religion:	Nationality:	Child's 1 st Language:
Race:	Passport/NRIC No:	Language Spoken at Home:
Other languages:	Preferred Choice of Additional Language:	

EDUCATIONAL HISTORY

Previous School		Date of Entry	Leaving Date	Year level on leaving <small>(CID UCI Number if any)</small>
Name	Location			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Parent's / Legal Guardian's Initial)

PROGRAMME APPLICATION

Programme:	Lower Prep	Upper Prep	Lower College	Upper College	Sixth Form
Year:	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	⑩ ⑪	⑫ ⑬
Subjects:	<ul style="list-style-type: none"> English Malay Language Mathematics ICT Moral/Islamic Studies Science Physical Education English Reading Arts Music Dance & Performance 	<ul style="list-style-type: none"> English Malay Language Mathematics ICT Moral/Islamic Studies Science Physical Education History Arts Music Dance & Performance 	<ul style="list-style-type: none"> English Malay Language Mathematics ICT Moral/Islamic Studies Science Physical Education Global Perspectives Humanities 	<ul style="list-style-type: none"> English Malay Language Mathematics ICT / Add Maths* Moral/Islamic Studies* Accounting Business Economics Biology Chemistry Physics 	<ul style="list-style-type: none"> English Mathematics Further Mathematics Accounting Business Economics Biology Chemistry Physics <p style="font-size: small; text-align: right;"><i>Minimum three (3) subjects</i></p>

FAMILY INFORMATION

FATHER	MOTHER	GUARDIAN <small>(if applicable)</small>
PHOTO	PHOTO	PHOTO
Indicate priority for contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Indicate priority for contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others: _____	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others: _____	
Name: _____	Name: _____	
Nationality: _____	Nationality: _____	
Occupation: _____	Occupation: _____	
Employer: _____	Employer: _____	
Office Address: _____	Office Address: _____	
Office Tel: _____ Office Fax: _____	Office Tel: _____ Office Fax: _____	
Mobile No: _____	Mobile No: _____	
Preferred email address: _____	Preferred email address: _____	
Malaysia home address: _____		
Home telephone number: _____		
Contact address in home country: _____		

(Parent's / Legal Guardian's Initial)

Home country tel no: _____ Home country mobile no: _____

Parent Marital Status: Married Divorced Widowed Other: _____

If your child is admitted into CCKL will he/she be living full time with: Father Mother Both Parents

If not, who will he/she be living with? **Names & Relationship :** _____

Name of Siblings	Date of Birth	Gender	Current School

CHILD HEALTH INFORMATION

Family Doctor's Name: _____ Contact No: _____

Name of medical institution: _____

Address: _____

Has your child had or is currently having any of the following?

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Mumps	<input type="checkbox"/> Measles	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Dysentery	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Eczema	<input type="checkbox"/> Asthma	<input type="checkbox"/> Rubella

Other crucial information for the school to be aware (Kindly specify): _____

Has your child had any serious injuries that the school needs to be aware of? No Yes (Specify: _____)

Kindly list all surgery and relevant details, if applicable:

Type of Surgery	Date of Surgery	Additional Details

Kindly list all allergies and relevant details, if applicable:

Allergy	Reaction / Life Threatening	Treatment

(Parent's / Legal Guardian's Initial)

Kindly list all medications that your child takes on a regular basis, if applicable:

Name of Medication	Purpose	Dosage	Frequency

TRANSPORT ARRANGEMENT

Private Transport Provider

Contact Person : _____
 Contact No : _____
 Vehicle Plate No : _____

Own Transportation

Kindly provide additional details of the person(s) authorized to pick up your child besides your good self:

PHOTO	Name:	_____	PHOTO	Name:	_____
	Relationship:	_____		Relationship:	_____

Kindly provide the details of all owned vehicles used for pick up:

Vehicle Plate No.	Type / Model	Colour	Additional Information

Name of person(s) who can be contacted if parents / legal guardians cannot be reached:

Name	Contact No.	Relationship

 (Parent's / Legal Guardian's Initial)

Promotional Information	Billing Information
<p>How did you know about CCKL?</p> <p><input type="checkbox"/> Entrance Banner</p> <p><input type="checkbox"/> Facebook / Instagram</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> CCKL Staff</p> <p><input type="checkbox"/> Others: _____</p>	<p><input type="checkbox"/> Paid by parent / legal guardian</p> <p><input type="checkbox"/> Paid by company</p> <p>Company Name : _____</p> <p>Company Address : _____</p> <p>Office Phone No : _____</p> <p>Contact Person's Name : _____</p> <p>Contact No : _____</p> <p>Email : _____</p> <p>Tax Identification No. : _____</p>

Parental / Legal Consent & Agreement

Terms of Payment and Fee Revision

All fees are payable according to the terms stated in the invoice issued prior to each academic year. The School may revise fees with prior approval from the Ministry of Education (MOE), Malaysia.

Security Deposit: A refundable deposit is required upon application and will be returned upon the student's withdrawal or completion.

School Fees: Billed on an annual basis, payable before each academic year begins. For mid-year enrollments, fees are pro-rated based on the remaining term duration.

All fees are subject to the payment, refund, and withdrawal policies outlined in the fee schedule and student handbook. All fees are subject to SST payment as imposed by the Government of Malaysia.

Enrollment and Application

Admissions Requirements: Students aged 6 and above with prior academic qualifications are eligible to apply. International students must hold valid passports and visas for both the student and accompanying parent (*if residing in Malaysia*).

Applicants must submit a completed application form, required documents, and a non-refundable application fee.

Upon passing the placement test, parents/guardians may proceed with payment of registration fee, school fee, insurance, and security deposit.

Additional Information

- Uniform: Available for purchase after measurement and stitching, except for Sixth Form.
- Meals: Available for purchase at the school canteen, or students may bring meals from home.

Emergency Procedure

In the event of an emergency and the contact person(s) is unavailable, the School reserves the right to send your child to the nearest medical facility. All costs will be borne by the parent / legal guardian.

Daily Health Check

A basic health check on the children will be conducted as they arrive in the morning. The child's temperature and observation for spots and/or blisters on their hands and in their mouth will be done. If a child exhibits symptoms or fever, they are not allowed to enter School. Parents are required to take the child to a doctor to confirm the condition. A doctor's clearance letter will have to be presented to the Registry Department upon returning to School.

(Parent's / Legal Guardian's Initial)

Usage of Student's Image

The School reserves the right to use images of your child taken on the premises or during any field activities or co-curricular activities for marketing and non-marketing purposes, including (but not limited to) school newsletters, brochures, magazines, online media (such as social media and websites), and other relevant media. *Images of your child intended for the said purposes will be removed, subject to a written request by the parent/legal guardian.*

Sport / Outing Activities Release and Indemnity

The School will take all necessary precautions to ensure your child's safety during school events, including sports and outings. However, the School will not be liable for any loss, damage, or injury resulting from the student's negligence or violation of rules.

Services from Educational and Clinical Psychologists

- The School may engage educational and clinical psychologists as part of student support services.
- Psychologists may consult with staff, observe students, and document findings to support student learning and well-being.
- Relevant information may be shared with staff as needed and will remain confidential, disclosed only with parental consent or as required by law.
- Parental written consent will be obtained prior to any psychological assessment, counselling, or therapy.

I _____ (IC/Passport No. _____), Father/Mother/Legal Guardian of the above applicant hereby declare that the information provided in this application form is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of the application or cancellation of enrollment, should it be discovered at a later stage.

I also acknowledge that I have read and understood the policy and terms of the School, and I agree to abide by them. I consent to the collection, use, and processing of my personal information and my child's information under the School's privacy policy, in accordance with PDPA 2010. The School reserves the right, at the discretion of the School Management, to revise or update the Student Handbook following school policy or regulatory requirements. All updates will be communicated via the official School website or through the revised handbook and will take effect as stated in the announcement.

I understand that this application does not guarantee acceptance into the School and that decisions regarding admissions are at the discretion of the School.

By signing below, I confirm my agreement to the above statements.

(Parent / Legal Guardian)

Name: _____

Date: _____

Student's Name: _____

Date of Birth: _____