



ZENITH INTERNATIONAL SCHOOL

(Akademi Krunz Sdn. Bhd. – 967343W)
126, JALAN S2 B4, UPTOWN AVENUE,
70300 SEREMBAN, NEGERI SEMBILAN D.K., MALAYSIA.

APPLICATION FOR ADMISSION

SECTION A

ADMISSION DETAILS

INTAKE

| | | | | | | | |
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|--|--|--|--|--|--|--|--|

YEAR

| | | |
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| | | |
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PACKAGE

| | | |
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SECTION B

STUDENT DETAILS

FULL NAME

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MYKID, MYKAD OR
PASSPORT NO.

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RACE

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| |
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NATIONALITY

| |
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GENDER

Male

Female

HOME ADDRESS

| |
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|--|

HOME TELEPHONE

| |
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MOBILE NO.

| |
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SIBLINGS IN
ZENITH

| |
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SECTION C

EDUCATION DETAILS

| Previous School (begin with most recent) | Period | | Completed Year | Reason(s) for Leaving |
|---|--------|----|-------------------|-----------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION D**MEDICAL HISTORY**

1. Does the student suffer from any illness that requires special medication, care or attention? YES NO
2. Does the student have any physical disabilities, learning difficulties or psychological needs? YES NO

If YES, please provide details of condition(s) and care/medication:

| Illness / Disability | Medication / Care |
|----------------------|-------------------|
| | |

SECTION E**FAMILY DETAILS****FATHER'S DETAILS**

FULL NAME

MYKAD OR
PASSPORT NO.

NATIONALITY

EMAIL ADDRESS

HOME ADDRESS

HOME TELEPHONE

MOBILE NO.

OFFICE TELEPHONE

POSITION

EMPLOYER &
ADDRESS

MOTHER'S DETAILS

FULL NAME

MYKAD OR
PASSPORT NO.

NATIONALITY

EMAIL ADDRESS

HOME ADDRESS

HOME TELEPHONE

MOBILE NO.

OFFICE TELEPHONE

POSITION

EMPLOYER &
ADDRESS

GUARDIAN'S DETAILS / EMERGENCY CONTACT

FULL NAME

MYKAD OR
PASSPORT NO.

RELATIONSHIP

EMAIL ADDRESS

HOME ADDRESS

HOME TELEPHONE

MOBILE NO.

OFFICE TELEPHONE

OTHER NO.

SECTION F**PAYMENT DETAILS**

| | | | | |
|-------------------|---------------------------------|---------------------------------|----------------------------------|--|
| FINANCIAL SPONSOR | <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> COMPANY | <input type="checkbox"/> OTHERS: _____ |
| INVOICE SENT TO | <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> COMPANY | <input type="checkbox"/> OTHERS: _____ |

Details for invoices (if different from Section E)

| | | | |
|---------------|----------------------|------------|----------------------|
| NAME | <input type="text"/> | | |
| TELEPHONE NO. | <input type="text"/> | MOBILE NO. | <input type="text"/> |
| EMAIL ADDRESS | <input type="text"/> | | |
| ADDRESS | <input type="text"/> | | |

Payments via cheque / bank draft is to be made payable to **AKADEMI KRUNZ SDN. BHD.**

Please note that:

1. Unless otherwise receiving written authorisation from the financial sponsor, and refunds will be made to the financial sponsor.
2. All Fees (annually, termly or monthly) are payable latest by the 7th day of the beginning of the academic year, school term or month. The School reserves the right to restrict the Student's attendance in classes until all fee dues have been settled.
3. A late payment penalty may be imposed on outstanding amount due to the School.

SECTION G**APPLICATION CHECKLIST**

- A copy of student's Birth Certificate, MyKid, MyKad or Passport
- 2 recent colour passport size photographs
- Both parents' copy of MyKad or Passport
- Most recent year's school report (for Primary & Secondary applicants only)
- Application fee of RM 500 and Registration fee of RM 3,000 (non-refundable & non-transferable)
- Fully read and understood the Admission Terms & Conditions (Section H)

SIGNATURE OF PARENT/GUARDIAN

NAME

DATE