



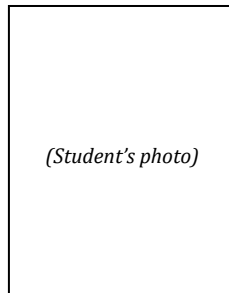
# RIZQ ISLAMIC SCHOOL

The Elite Tahfiz School

Wisma RizQ, No. 2, Lot 1456,  
Jalan Cempaka Off Jalan Teratai,  
Kg. Sungai Ramal Dalam,  
43000 Kajang, Selangor.

Phone/Fax: 03-8912 0447  
Email: admission@rizq.edu.my  
Website: www.rizq.edu.my

## APPLICATION FOR ADMISSION



Intake: \_\_\_\_\_

Grade: \_\_\_\_\_

### A. STUDENT'S DATA

Full name as in birth certificate: \_\_\_\_\_

Date of birth: \_\_\_\_\_ DD \_\_\_\_\_ MM \_\_\_\_\_ YY

Gender: F/M \_\_\_\_\_ Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

IC No: \_\_\_\_\_ or \_\_\_\_\_ Birth certificate no: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel no: \_\_\_\_\_

Student Tel no (if any): \_\_\_\_\_

### B. SIBLINGS DATA

NAME	AGE	CURRENT SCHOOL

\*If siblings are applying into or currently in RIS, kindly state the group

## C. FAMILY DATA

### FATHER

Name as in IC: \_\_\_\_\_  
(Mr / Dr / Tan Sri / Dato / Etc)

Nationality: \_\_\_\_\_ Passport/IC No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Company Name and address:

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Home Address: (If different from child's home address)

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### MOTHER

Name as in IC: \_\_\_\_\_  
(Mdm / Dr / Puan Sri / Datin / Etc)

Nationality: \_\_\_\_\_ Passport/IC No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Company Name and address:

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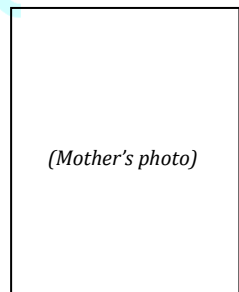
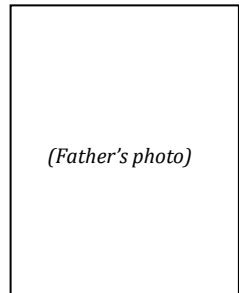
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Home Address: (If different from child's home address)

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**GUARDIAN**

Name as in IC: \_\_\_\_\_  
(Mr / Dr / Tan Sri / Dato / Mdm / Dr / Puan Sri / Datin / Etc)

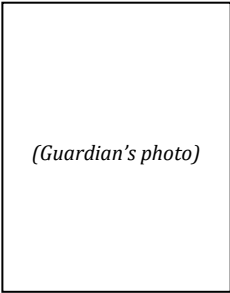
Nationality: \_\_\_\_\_ Passport/IC No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

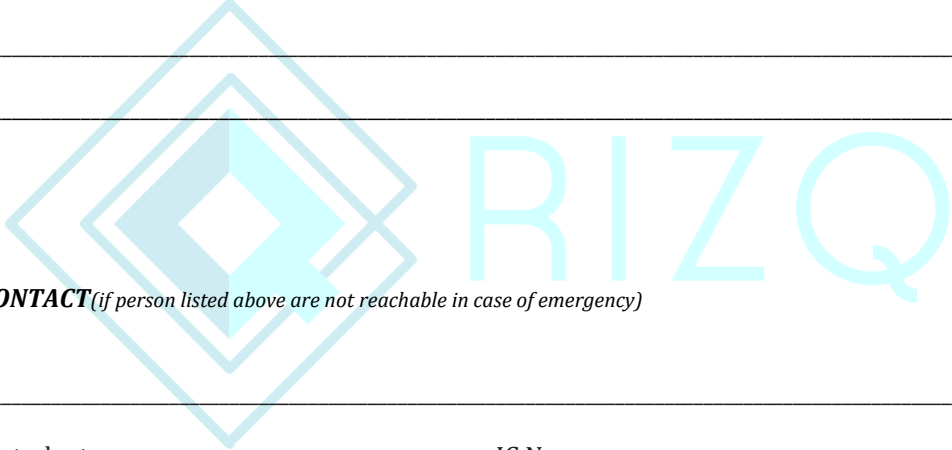
Company Name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Home Address: (If different from child's home address)

\_\_\_\_\_  
\_\_\_\_\_



**EMERGENCY CONTACT** (if person listed above are not reachable in case of emergency)

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ IC No: \_\_\_\_\_

Mobile no: \_\_\_\_\_ Home/Work No: \_\_\_\_\_

## D. SCHOOL HISTORY

THE SCHOOL FURTHER RESERVES THE RIGHT AND THE PARENT HEREBY AUTHORISES THE SCHOOL TO CONTACT THE PREVIOUS SCHOOL OR OTHER RELEVANT PERSONS FOR FURTHER INFORMATION RELATING TO THE CHILD IN CONSIDERING THE CHILD FOR ADMISSION.

### **CURRENT SCHOOL:**

Name of School: \_\_\_\_\_

Admission Year: \_\_\_\_\_ Age during admission: \_\_\_\_\_

Currently in Year Group: \_\_\_\_\_

Reason for leaving this school:

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## E. STUDENT'S INFORMATION

1. Has the student been involved in serious disciplinary action? Yes No

If yes, please give details

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2. Does the student have any special educational needs? Yes No

i. Physical disabilities Yes No

ii. Learning difficulties Yes No

iii. Emotional/behavioural Yes No

If yes, please give details

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Please provide any diagnostic assessment reports.

3. Has the student received any learning support previously? Yes No

i. Reading Yes No

ii. Writing Yes No

iii. Speaking (Speech delay) Yes No

If yes, please give details

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4. Has the student been in an English as a Second Language Programme?

Yes No

If yes, please give details

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5. Has the student any special skills or interests (sports, music, drama, dance, art, etc)

Yes No

If yes please give details

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6. Has the student represented his/her school in sports or any other events?

Yes No

If yes, please give details

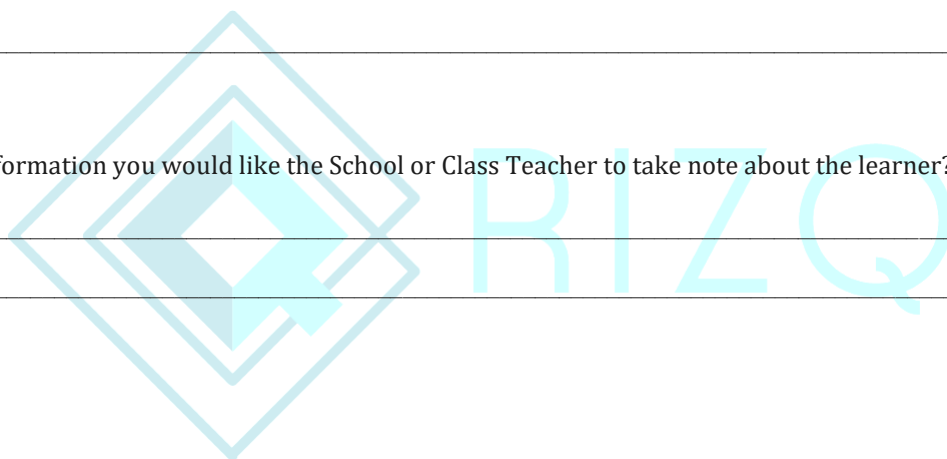
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7. Any other information you would like the School or Class Teacher to take note about the learner?

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## F. MEDICAL AND HEALTH RECORD

PLEASE COMPLETE FORM ACCURATELY, IF QUESTIONS ARE NOT APPLICABLE, PLEASE INDICATES APPROPRIATELY. FAILURE TO DISCLOSE ACCURATE INFORMATION ABOUT YOUR CHILD'S MEDICAL HISTORY MAY RESULT IN UNNECESSARY DELAY WHEN SEEKING EMERGENCY MEDICAL TREATMENT.

### 1. Allergies

Please list and describe the reaction and usual treatment including medications: (If allergies are severe, please request an Allergy & Anaphylaxis Care Plan from the Infirmary)

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### 2. Asthma

Does your child have asthma?  Yes  No

If yes, what triggers the asthma and what are the symptoms?

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List any medications your child takes for asthma, including dosage and frequency:

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(If Asthma is severe, please request an Asthma Care Plan from the Infirmary)

### 3. Epilepsy

Does your child have epilepsy?  Yes  No

If yes, please describe the type (grand or petit mal) and frequency of seizures:

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Please list medications, including dosage and frequency:

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(If yes, please request an Epilepsy care plan from the Infirmary)

### 4. Other medical concerns

Diabetes, G6PD, Eczema, Heart problem, Past Surgeries or fracture, etc

Please describe any other conditions or concerns of which the school should be aware:

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# G. PERMISSION FOR MEDICATION AND EMERGENCY CARE

## 1. Permission to give medications

Please check Yes or No (for each medication) to give permission to administer the following medication if judged appropriate by the nurse.

- Panadol (paracetamol)  Yes  No
- Throat lozenges  Yes  No
- Antacids  Yes  No
- Panadol Menstrual  Yes  No
- Panadol Cold\*  Yes  No
- \* Panadol with pseudoephedrine
- Oral Rehydration Salt  Yes  No
- Inhaler (salbutamol)  Yes  No
- Charcoal tablets  Yes  No
- Zyrtec (antihistamine)  Yes  No
- Optrex Eye Drops  Yes  No

Signature of Parent / Guardian:

\_\_\_\_\_  
Name:

Date:

## 2. Permission for emergency care

I hereby give permission for emergency measures to be initiated in the case of a serious injury or illness, including ambulance transportation to a hospital, with the understanding that I will be contacted as soon as possible.

Please indicate preferred hospital: \_\_\_\_\_

Signature of Parent / Guardian:

\_\_\_\_\_  
Name:

Date:

## H. TERMS AND CONDITIONS

### PART I: TERMS AND CONDITIONS GOVERNING ENROLMENT AND ADMISSION

Parents/guardians are advised to read the policies and the terms and conditions governing the admissions to Rizq Islamic School, as set out below:

#### A. Fees

1. Fees payable for the academic year are set out in the Fee Schedule. Fees are being annually reviewed.
2. All fees are payable in advance. Full settlement of first semester fees is required upon registration or by the commencement of the semester. For subsequent semester, full settlement of fees must be made by the commencement of the semesters.
3. Payment of fees may be made by crossed cheque, bank draft in favour of RIZQ EDUCARE SDN BHD; online transfer/cash deposit machine to Maybank Account: **562263522068** (Rizq Educare Sdn Bhd) or payment via credit/debit card at the management office.
4. All semester fees must be fully settled before or within 1 week after commencement of the semester. From week 2 of the semester, Rizq Educare reserves the right to withhold the release of all examination results, certificates and records of the student until the full settlement of fees is made. A late payment penalty of 10% of semester fee will be imposed on any outstanding fees incurred commencing from week 2. Student who still has outstanding fees on the first day of week 5 shall be terminated from the school without further notice.
5. Fees paid (except deposit) are not refundable except in the circumstances set out in subparagraphs below. Any refund of fees or part thereof is subject to the following:
  - a) The registration fee is not refundable under any circumstances
  - b) If a student withdrawn from the school before the commencement of the semester, all fees paid may be refundable.
  - c) If a student withdraws from the school within the first two weeks of the semester, an amount not exceeding 70% of all fees paid may be refundable. For avoidance of doubt, all fees shall not be refundable from week 3 of the semester onwards.

#### B. Planned and emergency absences

The schooling days are full and intensive. It is therefore important for attendance to be as near to 100% as possible.

Should the student be unable to attend classes because of illness or some other emergency, please phone and inform the school in advance (if possible) to let us know that he/she will be absent. Wherever possible, provide a medical certificate for absences of more than 3 days. A child with high temperature, diarrhea or sickness should not be at school.

Parents may wish to take children out of school for a variety of reasons. Those might include medical appointments, important family occasions and various other reasons. If there is a special reason why they need to be absent from school, please submit your request in writing, with clearly written the reason to the Head Master.

#### C. Indemnity Form

It is compulsory for all students to obtain parental consent for all school organized field trips and activities where applicable.



## PART II: DECLARATION AND SIGNATURE

### ACKNOWLEDGEMENT AND AGREEMENT

I have read and fully understand the policies, terms and conditions and the nature and effects thereof listed in Part I. I hereby confirm my agreement thereto. I further undertake to perform all such obligations and/or comply with all terms and conditions set out in Part I.

I consent to the processing by the school of personal data of including sensitive data as defines in the Data Protection Act 2010 about my child for the proper purposes, on the understanding that it may be used for the benefit of my child.

I hereby agree to pay all fees due on the dates stipulated by Rizq Educare. I also understand and agree that if I default in paying the fees, Rizq Educare has the right to bar my child from attending classes, including deregistration. I further consent to the use by the school, without charge, my child information (including photographs or images or recordings of the student) in any publicity and/or promotional activities within Rizq Educare.

I certify that the information provided in the application form is correct and complete.

Signature of parent/guardian : \_\_\_\_\_

Name of parent/guardian : \_\_\_\_\_

IC/ Passport number : \_\_\_\_\_

Date : \_\_\_\_\_

