



Prince of Wales Island  
International School®

## Registration Form

# Registration Form

### About the applicant

Family name: \_\_\_\_\_ Given names: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Boy  Girl Passport/IC No.: \_\_\_\_\_

Date of Birth: (dd/mm/yy) \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Year group to join?

Year 7  Year 8  Year 9  Year 10  Year 12 Other: \_\_\_\_\_

As a:

Day pupil  Weekly boarder  Full boarder Proposed entry date (mm/yy): \_\_\_\_\_

### About the parents

**Father** (Title and full name):

**Mother** (Title and full name):

\_\_\_\_\_

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Parents are invited to nominate a further adult who may be contacted if necessary in their absence

Full name: \_\_\_\_\_

Relationship to child (if any): \_\_\_\_\_

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

\_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Connections with the School

Please give the names of any other members of the family attending the School or registered for entry, or any other connections with the School:

\_\_\_\_\_

\_\_\_\_\_

#### Prince of Wales Island International School

1 Jalan Sungai Air Putih 6,  
Bandar Baru Air Putih,  
11000 Balik Pulau,  
Penang, Malaysia

Tel: +604 868 9999  
Fax: +604 868 9900

**Admissions Enquiries**  
admissions@powiis.edu.my

MTT Learning Academy Sdn Bhd  
(733077-D)

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International School 2011

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## Applicant's present school

Date of joining (mm/yy): \_\_\_\_\_

Name of headteacher: \_\_\_\_\_

School: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## More about the applicant

Please outline any special interests of your child, for example art, music, drama, sport and give details of particular involvement or experience in these fields:

\_\_\_\_\_

\_\_\_\_\_

If relevant, please outline any specific learning difficulties your child experience and give details of any special learning or language support lessons that your child has received:

\_\_\_\_\_

\_\_\_\_\_

Are you registering your child at any other schools?  Yes  No

If your answer is 'yes', please list schools:

\_\_\_\_\_

\_\_\_\_\_

### Notes:

Early registration is recommended. Registrations will be considered in the order in which they are received. Offers of places are subject to availability and are conditional upon a candidate satisfying the School's admissions requirements and passing the appropriate entrance examinations. A copy of the current edition of the standard terms and conditions is included in our prospectus and available on our website.

## DECLARATION

We request that our above-named child be registered as a prospective pupil. **A cheque (made payable to "MTT Learning Academy Sdn Bhd") for the non-returnable Entrance Examination Fee of RM500 is enclosed.** We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Principal, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

Our child suffers from no disease or disability, and is in every respect capable of leading a normal school life. *(If this statement is not true it should be deleted and a separate letter should be written to the Principal giving particulars.)*

First signature: \_\_\_\_\_

Second signature: \_\_\_\_\_

Full name: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

## How did you first hear about the School?

Friends  Present School  Advertisement  Agent  Meeting with POWIIS staff

Internet Other: \_\_\_\_\_

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