



CHARIS INTERNATIONAL SCHOOL

Wholly owned by Charis Education Sdn Bhd (1025643-W)

TB4111, Taman Setia, Jalan Datuk Chong Thien Vun,
91000 Tawau, Sabah, Malaysia.

TEL: (+6) 017-2178830/ 089-748830 Fax: 089-762487

Website: www.charis.edu.my Email: admissions@charis.edu.my



A. Student's Particulars Kindly complete this form in CAPITAL LETTERS 学生资料

Office Use Only

Full Name: as in birthcert/NRIC/Passport

Date of Birth:

 - -

Gender: Male Female

Birth Certificate/NRIC No. :

Nationality:

Passport No. (if applicable):

Expiry Date (Passport):

DD - MM - YYYY

Home Address:

City: State: Post Code: Country:

Mobile Phone No. : Email Address:

Mother Tongue: Other Spoken Language(s):

Current School: Current Class/Year:

Programme: K1 K2 Y1 Y2 Y3 Y4 Y5 Y6 Y7 Y8 Y9 Y10 Y11

Boarding: Single Twin-sharing

Apply Date: _____

Enrolment Date: _____

Student ID: _____

Class: _____

Please affix recent
passport size
photograph here

B. Siblings' Particulars (if applicable) 兄弟姐妹(如有)

No.	Name	Gender	Current School & Class/Year

C. Parents' / Guardian's Particulars 家长/监护人资料

Tan Sri Dato' Datuk Dr. Mr.

Father/Guardian's Full Name:

NRIC/Passport No.:

Nationality:

Mobile Phone No.:

Office Phone No.:

Email Address:

Occupation: Please provide a business card, if any.

Company Name and Address:

Father's / Guardian's Signature:

Puan Sri Dato' Datin Dr. Mrs/Ms.

Mother/Guardian's Full Name:

NRIC/Passport No.:

Nationality:

Mobile Phone No.:

Office Phone No.:

Email Address:

Occupation: Please provide a business card, if any.

Company Name and Address:

Mother's / Guardian's Signature:

Relationship to student: (for guardian only)

D. Arrival Information 抵达信息

Date of Arrival (in Tawau):

DD - MM - YYYY

Time of Arrival (in Tawau):

Flight No.:

Country of Departure:

Pick up service:

Yes No

E. Medical Information (if applicable) 医药资料(如有)

Please complete all the sections accurately. Failure to disclose accurate information about your child's medical history may result in unnecessary delay when seeking emergency medical treatment.

Allergies 过敏

Please list and describe the reaction and usual treatment including medicines / food / drinks:

Asthma 哮喘

Does your child have asthma? Yes No

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

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

Impairments 损伤

Physical:

Temporary Permanent

Audio:

Temporary Permanent

Visual:

Temporary Permanent

Special Needs 特殊要求

Please list and describe the special condition of the child (Dyslexia, Attention Deficient Disorder, Autism etc)

Note: If your child suffers from any conditions that would affect normal participation in classes and school activities, including physical education, kindly attach a recent doctor's report with clear limitations explaining permissible and non-permissible activities.

F. Permission for Emergency Care 紧急护理许可

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. (In the event of an emergency, student will be taken to the nearest hospital)

Signature of Parent/Guardian:

Name:

Date:

DD - MM - YYYY

If either parent is not reachable, call (Name):

Relationship to student:

Contact No.:

G. Authorisations

1. We hereby grant authority to the school staff involved to have this child medically treated as necessary in an emergency, and as close as possible to our instructions in any non-emergency situation. The school is released from liability in all medical treatment. All medical expenses will be borne by us and/or our insurance company.

Signature of Parent(s):

Name(s):

Date:

DD - MM - YYYY

2. We authorise the school administrator to obtain professional medical testing if it is deemed advisable for health reasons or for suspicion of substance abuse. This is left up to the discretion of the school administrator. If urgent circumstances require this testing without advance parental notification, it will be at the school's expense. All other expenses will be borne by us and/or our insurance company.

Signature of Parent(s):

Name(s):

Date:

DD - MM - YYYY

3. We hereby grant permission for this child to participate in all regular teacher or parent-supervised school activities and outings. We understand that this release form is in lieu of individual release forms being used throughout the school year. We release the school from liability when this child is participating in such activities.

Signature of Parent(s):

Name(s):

Date:

DD - MM - YYYY

4. We hereby give consent to the school to publish my child's name, images, class work, academic achievements and testimonials in the media such as newspapers, brochures, banners, social media, etc.

Signature of Parent(s):

Name(s):

Date:

DD - MM - YYYY

5. We certify that all of the information in this form is true and complete.

Signature of Parent(s):

Name(s):

Date:

DD - MM - YYYY

H. Terms & Conditions

- All parents/guardians are advised to read the policies and the terms and conditions governing the accommodation to Charis International School.
- A parents/guardians intending to enroll his/her child to the School must submit the Accommodation Form, duly and accurately completed and signed. The parents/guardians must at all times inform the School of any changes to such information.
- Booking confirmations, with payment equivalent to one (1) term's rental as a deposit, must be received by CHARIS. Failure to comply will result in CHARIS being unable to guarantee the requested accommodation. Subsequently, rent must be paid on a termly basis, within the first seven (7) days of each term.
- Payment to CHARIS must be made through bank draft, money order, cash, or cheque to CHARIS EDUCATION SDN BHD (Bank Muamalat Malaysia Berhad, Account No. 1002-00000-72718).
- Students must provide written notice to the Registrar if they wish to vacate the hostel, giving at least one-month notice in advance.
- Students must agree to stay in the provided hostel for a minimum academic year (12 months) and pay the agreed monthly rent during this period. CHARIS reserves the right to retain the hostel deposit if the student leaves before the twelve (12) calendar month contract period. Rental fees will not be prorated for early vacation from the hostel.
- Rooms are allocated on a first-come, first-served basis.
- CHARIS and its management will not be held responsible for any damages, losses, or injuries occurring during the student's tenure at CHARIS.
- All students must adhere to the Student Handbook and CHARIS's Hostel Rules and Regulations. Failure to comply may result in expulsion, suspension, or other disciplinary actions.
- CHARIS reserves the right to revise the Student Handbook and Hostel Rules and Regulations without prior notice.
- Participation in any political activities is strictly prohibited for all students.
- CHARIS reserves the right to accept or reject any application without providing a reason.
- Any issues or complaints should be directed to the Administration Department.

We hereby acknowledge that we have completely read and fully understand and agree to the Terms & Conditions of this form.

Signature of Parent(s):

Name(s):

Date:

DD - MM - YYYY