



# ADMISSION PRIORITY INTERNATIONAL BACCALAUREATE DIPLOMA PROGRAMME



LEADERS FOR A BETTER TOMORROW



International Baccalaureate®  
Baccalauréat International  
Bachillerato Internacional

## CHECKLIST

Here's a checklist to help you compile the required documents and items for the submission of admission/enrolment form.

1. **Registration Form**

Complete the registration form.

2. **Health Record**

Complete the Health Record form. A medical practitioner's endorsement is required. However, if the student has a pre-existing medical condition that requires attention, please provide further details and recent medical assessment report.

3. **Photograph**

A recent colour passport-size photograph of student.

4. **Documents**

Please provide a copy each of the following:

- i. the Student's Birth Certificate.
- ii. the Student and Parents' NRICs.
- iii. SPM result.
- iv. Parents'/Guardians' latest payment slip.
- v. School reports & testimonial regarding the student's character and ability from previous school.

5. **Fee Structure & Payment**

Payment of the following fees should be remitted as follows:

**Tuition Fee**

Bank Name : CIMB Bank  
Account Name : Kolej Melayu Fund SUWA  
Account Number : 800 490 1302

**Boarding Fee (Accommodation & meals)**

Bank Name : CIMB Bank  
Account Name : Kolej Melayu Fund Asrama  
Account Number : 800 490 1326

Please refer to Attachment 1

6. **Withdrawal & Refund Policy**

A student may opt to withdraw from the School, with a prior 14-day notice and supporting letter from his sponsor. The **Withdrawal Date will be effective 14 days after the receipt of the said notice**. Fees will be charged proportionately for the affected academic term, from the first day of the term till the withdrawal date, subject to a minimum charge of RM3,000.00, whichever is higher.

Refund of any fees already paid for the academic term and/or future terms shall be made after deductions of fees and/or charges payable. All monies refundable are free of interest, and must be claimed within 6 months of the issuance of the notice of withdrawal.

Provisional or conditional notice of withdrawal is not accepted. This provision will also apply in the case of prolonged absence of a student from the School.

Where a student has been withdrawn from the School and applies for re-admission, the School may give consideration, provided the student has left not more than 1 (one) month, as well as conforming to the requirements of the authorities. All fees (re-admission, tuition, boarding, etc) payable will be charged at the prevailing rate, and must be paid prior to re-admission.

No refund will be considered if the student is withdrawn under the following circumstances:

- Failing to fulfill the requirements of the programme,
- Breaching serious disciplinary rules/codes of the School, and the Ministry of Education's regulations,
- Breaching any criminal or civil laws of the country.

# STUDENT INFORMATION

Student's photo

(Please use **BLOCK LETTERS**)

<b>Course :</b>	<b>Sponsor :</b>
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## A. STUDENT DATA

Name :		
NRIC:	Age:	
Date of Birth:	Place of Birth:	
Address:		
Telephone:	Mobile:	E-mel:

## B. FAMILY DATA

### Father/Guardian

Name :		
NRIC:	Relationship:	
Address:		
Occupation:	Monthly Income:	
Name & Employer's Address:		
Telephone:	Mobile:	E-mel:

### Mother/Guardian 2

Name :		
NRIC:	Relationship:	
Address:		
Occupation:	Monthly Income:	
Name & Employer's Address:		
Telephone:	Mobile:	E-mel:

**C. NEXT OF KIN (Other than parents, if applicable)**

<b>Next of Kin 1</b>		
Name :		
NRIC:	Relationship:	
Address:		
Occupation:	Monthly Income:	
Name & Employer's Address:		
Telephone:	Mobile:	E-mel:
<b>Next of Kin 2</b>		
Name :		
NRIC:	Relationship:	
Address:		
Occupation:	Monthly Income:	
Name & Employer's Address:		
Telephone:	Mobile:	E-mail:

**D. SIBLINGS**

No.	Name	Gender	Age	Occupation	School/Univ/Employer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**E. EDUCATION BACKGROUND**

**Previous School**

No.	Name	State	Year	Grade/Level
1				
2				
3				
4				
5				

**Sports**

No.	Type of Sport	Post	Level	Year
1				
2				
3				
4				
5				

**Society/Club**

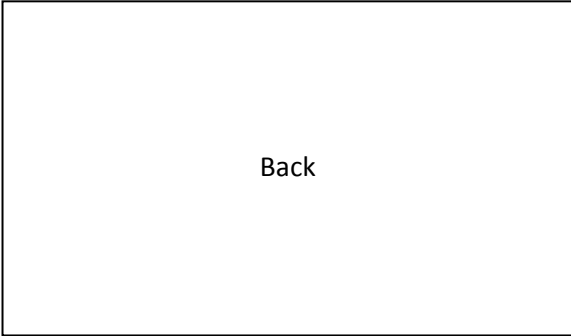
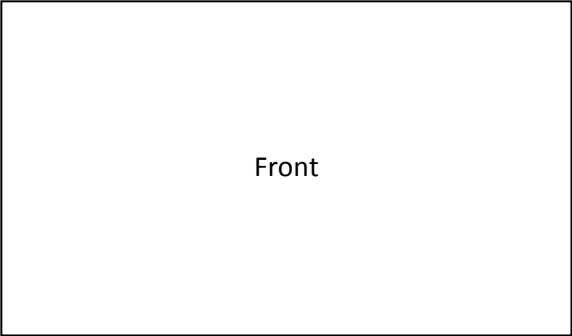
No.	Name of Society/Club	Post	Level	Year
1				
2				
3				
4				
5				

## **F. CERTIFIED COPIES OF DOCUMENTS**

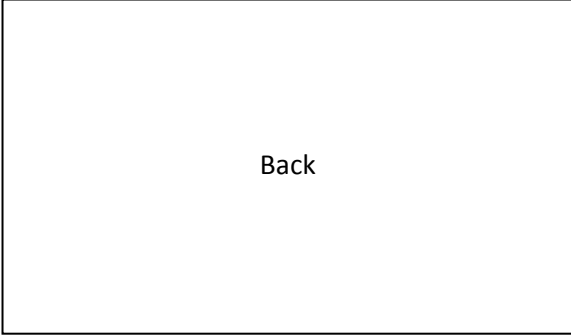
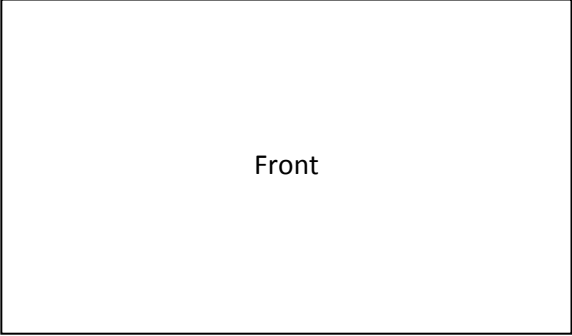
### **1. SPM Result**

**2. NRIC**

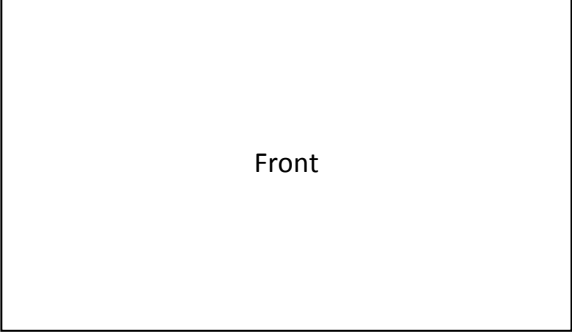
a) Student's NRIC



b) NRIC of Father/Guardian 1



c) NRIC of Mother/Guardian 2





**3. Birth Certificate**

**G. HEALTH DECLARATION**

Please complete form accurately, if questions are not applicable, please indicate appropriately. Failure to disclose accurate information about your medical history may result in unnecessary delay when seeking emergency medical treatment.

Important Information		
Student's Name:		
NRIC:	Date of Birth:	
Blood Group:	Height (in cm):	Weight (in kg):
<b>Allergies.</b> Please list and describe the reaction and usual treatment including medications.		
<b>Medications.</b> Do you regularly take any medication either at home or during school hours? If yes, please list below:		
<b>Other Medical Concerns.</b> Eczema, Migraine, Past Surgeries or fracture, etc. Please describe.		

**Medical concerns**

	YES	NO		YES	NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Major impairment effecting visual/hearing/speech Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<hr/>					

Student's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Medical Officer's Name: \_\_\_\_\_ Official Stamp & Signature: \_\_\_\_\_

**H. PERMISSION FOR MEDICAL TREATMENT AND SURGERY**

To:

Principal  
The Malay College Kuala Kangsar  
33000 Kuala Kangsar,  
Perak.

In the event where parents cannot be contacted and consulted, I, the undersigned do hereby authorise and empower the school to make any and all decisions concerning the medical and/or surgical care of my child, which may include taking the child to a doctor or hospital for treatment.

I consent that my child named \_\_\_\_\_  
NRIC \_\_\_\_\_ maybe taken to the nearest doctor or hospital in the event of an emergency with the understanding that I will be contacted as soon as possible.

Parent's Signature :  
Parent's Name :  
NRIC :  
Date :

**I. PERMISSION TO PARTICIPATE IN ACTIVITIES**

To:

Principal  
The Malay College Kuala Kangsar  
33000 Kuala Kangsar,  
Perak.

I consent that my child named \_\_\_\_\_

NRIC \_\_\_\_\_ to participate in sanctioned activities under the  
International Baccalaureate Diploma Programme, The Malay College Kuala Kangsar from  
June \_\_\_\_\_ to June \_\_\_\_\_.

Without restrictions

Special considerations or restrictions:

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

I understand that participation in the activities involve a certain degree of risk. I have carefully  
considered the risk involved and have given consent for my child to participate in the  
activities.

Parent's Signature :

Parent's Name :

NRIC :

Date :

THE MALAY COLLEGE KUALA KANGSAR

33000 Kuala Kangsar,

Perak, Malaysia

T +605-7761400 F +605-7764500

[email@mckk.edu.my](mailto:email@mckk.edu.my)

<http://www.mckk.edu.my>