



# BUDDHIST INSTITUTE SUNDAY DHAMMA SCHOOL

(An Educational Division of Sasana Abhiwurdhi Wardhana Society)

BUDDHIST MAHA VIHARA, 123, Jalan Berhala, Brickfields, 50470 Kuala Lumpur, Malaysia  
TEL : 603-2274 1141 : 603-2274 1886 Fax : 603-2273 2570 Website : www.bisds.org



## NEW ADULT STUDENT REGISTRATION FORM

NO:

( To be filled in Clearly & in Block Letters )

Full Name of Adult Student (as per NRIC) :	
Home Address:	Postcode:
NRIC No:	Date of Birth:
Gender : Male / Female	Occupation: (Position)
Employer :	
House Tel:	Email :  In case of emergency, please contact person name below, _____ Mobile No: _____ Also, I give permission to be transported to a hospital for treatment and wish to be advised prior any further treatment or hospital.
Office Tel :	
Mobile No:	
Please indicate <b>by circling</b> , if you are willing to offer your <b>services &amp; time</b> to serve as a volunteer or adult student. <b>YES or NO.</b>	
If , YES, please cross " X " in the box below. Our team will get in touch with you soon.	
<input type="checkbox"/> Wesak	<input type="checkbox"/> Attend adult Dhamma classes
<input type="checkbox"/> Volunteer as Facilitator	<input type="checkbox"/> Volunteer as BISDS Teachers / Staff
<input type="checkbox"/> Others,(please specify): _____	

I would like to enrol in Buddhist Institute Sunday Dhamma School. I have read and will abide by the terms and conditions stipulated in BISDS Student's Handbook. By signing this form, I consent to this application and photos (if any) for BISDS use only, to be processed.

Language Preferred: English / Mandarin.

Signature : \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Class Assigned \_\_\_\_\_ Registrar's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Check List	Fees	Recorded	Issued
Registration			
Library			