



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



EXISTING STUDENT RE-REGISTRATION FORM

(To be filled in Clearly & in Block Letters)

I wish to **re-register** myself / my child / ward for year **2020 BISDS session**.

Name of Student (as per MyKad) : _____ Gender: Male / Female

Student NRIC No;(if any)_____ Student's Mobile No : _____

Home Address:_____

_____ Postcode: _____ Date of Birth: _____

BISDS Student Reg. No. (if any) _____ Name of BISDS Class in 2019: _____

PARENT / GUARDIAN's / YOUTH / ADULT STUDENT DETAILS (Your help needed for us to update our records)

Full Name :

Occupation :

House Tel:

Email :

Office Tel :

In case of emergency, please contact person name below,

Mobile No:

_____ Mobile No: _____

Also, I give permission to transport my child/ward to a hospital for treatment and wish to be advised prior any further treatment or hospital.

Please indicate by **circling**, if you are willing to offer your **services & time** to serve as a volunteer or adult student. **YES or NO.**

If , YES, please cross " X " in the box below. Our team will get in touch with you soon.

Wesak Day Attend Adult Dhamma classes Volunteer as BISDS Teachers / Staff

Volunteer as Facilitator Others, (please specify): _____

I would like to **re-enrol** my child / ward / myself 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 child's photos (if any) for BISDS use only, to be processed.

Language Preferred : English / Mandarin.

Signature of Parent / Guardian : _____

Date :- _____

FOR OFFICE USE ONLY

Class Assigned _____ Registrar's Signature _____ Date: _____

Check List	Fees	Recorded	Issued
Registration			
Library			