



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 coming year 2021 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 current in 2020: _____

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

Full Name : (Father). Mobile:	Occupation : (Father) Office Tel:	Email: (Father)
Full Name: (Mother) Mobile:	Occupation: (Mother) Office Tel:	Email: (Mother)

In case of emergency, please contact person below,
Name _____ 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.

It is a policy of the school that **at least one parent** (father or mother or both) must be active in participating in BISDS school activities.
Please indicate by a **TICK ✓**, where you are willing to offer your **services & time** to serve as a volunteer or attend adult classes.
Our BISDS team will get in touch with you soon.

- Attend Adult Dhamma classes Volunteer's Group
- Volunteer as Facilitator (assist in class) 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			