



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 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 tick <input checked="" type="checkbox"/> in the box below. Our BISDS team will get in touch with you soon.	
<input type="checkbox"/> Attend adult Dhamma classes	<input type="checkbox"/> Volunteer Group
<input type="checkbox"/> Volunteer as Facilitator (assist in class)	<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			