



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 STUDENT REGISTRATION FORM

NO:

(To be filled in Clearly & in Block Letters)

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

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

Home Address: _____

_____ Postcode: _____ Date of Birth: _____

Name of School (presently studying): _____

PARENT / GUARDIAN's

Full Name :
(Father).

Occupation :
(Father)

Email:
(Father)

Mobile:

Office Tel:

Full Name:
(Mother)

Occupation:
(Mother)

Email:.
(Mother)

Mobile:

Office Tel:

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 enrol my son / daughter / ward 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			