APPLICATION FOR ADMISSION

KIWANIS DOWN SYNDROME FOUNDATION
Lot 13490, Jln Jenjarum
Off Jln SS23/1, Taman SEA
47400 PETALING JAYA
Tel : 03-78030179 Fax : 78064862

please affix your child's recent photograph

CHILD - Name:_____ Age : _____ Sex_____

Date of Birth :_____ Birth Cert. No* :_____

** Copy of Birth Cert to be attached.*

FATHER/ GUARDIAN - Name:_____ H/P No_____ _____

Race :_____ Age:_____ _____

Occupation: _____ Salary: RM per month_____

Employer's Name & Address:_____

_____

_____ Tel:_____

MOTHER Name:_____H/P No:_____

Race:_____ Age: _____

Occupation:_____ Salary: RM per month _____

Employer's Name & Address:_____

_____

_____ Tel: _____

HOUSEHOLD-

Address:_____ _____

_____

_____ Tel No:_____

Languages spoken at home:_____

List of other members in household:

	Name	**Age**	**Relationship**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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Signature of Parent/Guardian **Date**