



please affix
your child's
recent
photograph

APPLICATION FOR ADMISSION

Children Details

Name							
Date of Birth		Age		Sex		Birth Cert. No*	

Father/Guardian Details

Name					
Race		Age		H/P No*	
Occupation		Salary (RM Per Month)			
Employer's Name					
Employer's Add					
E-Mail		Contact Number			

Mother Details

Name					
Race		Age		H/P No*	
Occupation		Salary (RM Per Month)			
Employer's Name					
Employer's Add					
E-Mail		Contact Number			

KIWANIS DOWN SYNDROME FOUNDATION

Lot 13490, Jalan Jenjarum Off Jalan SS23/1, Taman SEA 47400 Petaling Jaya.
Tel: 03 7803 0179 | Fax: 03 7806 4862



APPLICATION FOR ADMISSION

Household

Address

Postcode

Contact Number

Languages spoken at home

List of other members in household

NAME

AGE

RELATIONSHIP

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Signature of Parent/Guardian

Date