MAKTAB NASIONAL

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P.O. BOX 14146, 88847, KOTA KINABALU, SABAH

TEL: 088-431687 FAX: 088-431686

Website: www.stsimon.edu.my

Email: stsimon.mn@gmail.com

ADMISSION FORM

Application to enrol in FORM ______ for the YEAR _____

STUDENT PARTICULARS							
NAME :							
ID CARD / BIRTH CERT. NO :		SE	X :				
DATE OF BIRTH :		PLACE OF BIRTH :		Please attach photo here			
NATIONALITY :	RACE:	RELIGION :		r in i			
HIGHEST STANDARD ATTAIN	ED :						
PREVIOUS / PRESENT SCHOOI	_ (YEAR):						
SPECIAL NEEDS:							
		PARENTS PARTICULAR	RS				
NAME OF FATHER :							
OCCUPATION :		COMPANY :					
CONTACT (Mobile):		(Office)	(Home)				
EMAIL :							
NAME OF MOTHER :							
OCCUPATION :		COMPANY :					
CONTACT (Mobile):		(Office)	(Home)				
EMAIL :							
HOME ADDRESS :							
POSTAL ADDRESS :							
		ACKNOWLEDGEMENT	ſ				
Enclosed my remittance of RM100.0	0 cash / cheque* (payable	e to MAKTAB NASIONAL) for payment	t of Registration Fee.				

	DATE :	
NAME :		
(FATHER / MOTHER / GUARDIAN)*		

* Delete where not applicable.

* Attach form with 2 pieces of applicant's photograph, a copy of birth certificate or Malaysian Identity Card & student's school results.

FOR OFFICIAL USE ONLY						
DATE :	CLASS:		ADMISSION NO :			
Admission : Successful		Not Successful				
Application Receipt No :		Amount :	Cash/chq No.* :			
Deposit Receipt No. :		Amount :	Cash/chq No.* :			
Building Fund Receipt No :		Amount :	Cash/chq No.* :			
Remarks :						