Registration Form Academic Tutorial Arif Education Studio

SRK. | SMK. | SJK. *Please underline

Student's Particular

Paste your latest
photo

Full Name of Student							
(as in IC):							
Date of Birth:	Identity Card No.:						
(dd/mm/yy)	(photocopy)						
Gender (M/F):	Religion:						
Current Attending School:	Race:						
Father's Name:	Mother's Name:						
(as in IC)	(as in IC)						
Identity Card No.:	Identity Card No.:						
(photocopy)	(photocopy)						
Occupation:	Occupation:						
Handphone No.:	Handphone No.:						
Address (Home):							
I hereby declare that the information I give is accurate to the best of my knowledge.							
Parent's Signature: Date:							
For Office Use:							

Academic	Subject	Day	Time		Subject	Day	Time
Detail:	1.			3.			
	2.			4.			
Payment Detail:	Registration Fee:			Receipt No:			•
	Tutorial Fee (montly):			Receipt No:			
Remark:				Joined Date:			
			& I	nature nformation en by:			

ARIF EDUCATION STUDIO Lorong Pandan, 75250 Melaka. Phone: 010-3327372/017-3820636