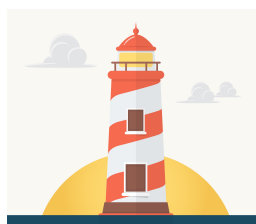


# Lighthouse Academy Registration Form



262 Jalan Batu Ferringhi  
Tanjung Bungah 11200, Penang  
Malaysia  
Tel: 04 890 2030  
Fax: 04 890 4800

Child's  
Photograph

Please write in CAPITALS

## Section 1: Student's Information

Name as in Birth certificate			
Date of Birth		Gender	
Place of Birth		Nationality	
Birth certificate number		Religion	
IC or Passport			
Residential address			

## Section 2: Details of Previous School

Name of School	Country	From (year)	To (year)	Standard/ Form/Level

Has the children ever been expelled from school? YES / NO

If yes, please give details:

---

---

## Section 3: Details of Siblings

Name	DOB	Age	School	Standard / Form

Section 4a: Details of Father			
Name		Nationality	
		Occupation	
IC / Passport		Contact Number	
Email Address		Specimen Signature	

Section 4b: Details of Mother			
Name		Nationality	
		Occupation	
IC / Passport		Contact Number	
Email Address		Specimen Signature	

Section 4c: Details of Guardian (if child is not staying with parents)			
Name		Nationality	
		Occupation	
IC / Passport		Contact Number	
Email Address		Specimen Signature	

Section 5: Child's Health History & Special Needs			
<p>1. Please confirm whether your child has been diagnosed / is suspected of any of the following:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Autism</div> <div style="width: 50%;"><input type="checkbox"/> Attention deficit disorder (ADD)</div> <div style="width: 50%;"><input type="checkbox"/> Hyperactivity</div> <div style="width: 50%;"><input type="checkbox"/> Dyslexia – Developmental reading disorder</div> <div style="width: 50%;"><input type="checkbox"/> Others (please specify)</div> </div> <hr/>			
<p>2. Does the student have any allergies?</p>			
<p>3. Is the student taking medications on a regular basis?</p>			
Date of Birth		Gender	

## Section 6: General Information

How did you hear about us? \_\_\_\_\_

What is your reason for selecting us?

\_\_\_\_\_  
\_\_\_\_\_

## Section 7: Parental declaration and Indemnity

In making this registration, I/we understand and agree:

1. To pay a non-refundable registration fee as required for enrolment into Lighthouse Academy
2. All fees must be paid before commencement of each term (4 terms each year).
3. Lighthouse Academy (LA) reserves the right to impose a late payment charge of 5% per annum on all outstanding fees which has not been paid.
4. Parents are to give, in writing, at least *one term's notice* before any withdrawal of the child from LA.
5. That Lighthouse Academy reserves the right to discipline, suspend or dismiss any child whose behaviour is considered to be unacceptable by the Principal.
6. The parent and child will abide by changes made to school policies, regulations, fees and schedules.
7. The parents shall inform the school of any change of address, contact or personal details
8. Unless specifically requested by the parents/guardian, Lighthouse Academy has permission to photograph students and to use it for school purposes, newsletters, promotional material.

### Indemnity

I/We hereby indemnify Lighthouse Academy, and its employees against any claims arising from injury to my child whilst participating in any activity, or while on its property or while travelling to or from the premises.

I/We understand and agree that in an event of an emergency, the Principal will make every effort to contact the parents or guardian. In the event of failing to contact both parents or the guardian, the child will be taken to his/her family doctor or to a suitable medical facility for treatment. The parent/guardian will be responsible for any expenses occurred for the visit.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Documents required for enrolment

- Photocopy of child's birth certificate and IC or Passport
- 2 recent photographs
- Most recent academic and behaviour report card