



STUDENT APPLICATION FORM

FORM S-01

Student Reference No. _____
Date of Application _____
Year of Admission _____
Expected Year Group _____
Is the Student a Malaysian? Yes No
Campus Muar Batu Pahat Klang

Please attach
passport-sized
colour photograph.

SECTION 1 : STUDENT INFORMATION

Full Name (as per IC) _____
Date of Birth (dd/mm/yy) _____ Birth Cert/IC/Passport No. _____
Gender Male Female Nationality _____
Type of Visa _____ Ethnicity/Race _____
Residential Address _____

SECTION 2 : DETAILS OF PARENTS/GUARDIANS

PARENT/LEGAL GUARDIAN 1

Full Name (as per IC) _____
Nationality _____ Passport/IC No. _____
Relationship to Student _____ Email Address _____
Phone No. (Mobile) _____ Phone No. (Home) _____
Company Name _____ Occupation _____
Company Address _____

PARENT/LEGAL GUARDIAN 2

Full Name (as per IC) _____
Nationality _____ Passport/IC No. _____
Relationship to Student _____ Email Address _____
Phone No. (Mobile) _____ Phone No. (Home) _____
Company Name _____ Occupation _____
Company Address _____

ADDITIONAL INFORMATION

Parents' Marital Status Married Separated Divorced Widowed Other _____
During the academic year, with whom will the student be living? Father and Mother Father Mother Guardian
Please provide full details of the adult guardian with whom the student will be living. _____

EMERGENCY CONTACT

Full Name _____
Relationship to Student _____ Email Address _____
Phone No. (Mobile) _____ Phone No. (Home) _____

SECTION 3 : EDUCATION

	Name of School	Country	Highest Level Completed	Year Completed
Kindergarten	_____	_____	_____	_____
Primary School	_____	_____	_____	_____
Secondary School	_____	_____	_____	_____

LANGUAGE PROFICIENCY

Main Language Spoken at Home _____

Other Spoken/Written Languages _____

English Proficiency Beginner Intermediate Advanced

Mandarin Proficiency Beginner Intermediate Advanced

Malay Proficiency Beginner Intermediate Advanced

Please list your child's unique skills, talents, achievements or interests (e.g. musical instrument, sports, arts, ICT, etc.)

Has your child ever been involved in serious disciplinary action such as suspension or expulsion? Yes No

If yes, please explain:

SECTION 4 : MEDICAL HISTORY AND SPECIAL NEEDS

Please indicate if your child has been diagnosed/is suspected of any of the following:

Autism Yes No

ADD Yes No

Extreme Hyperactivity Yes No

Dyslexia Yes, high functioning Yes, low functioning No

Others, please specify: _____

Please indicate if your child has any past medical conditions (please attach with Doctor's letter).

Medical Condition _____

Medication & Dosages _____

Please indicate if your child has any physical disabilities, learning difficulties or psychological needs that we should know about.

SECTION 5 : DETAILS OF SIBLINGS

No.	Name of Sibling	Gender	Date of Birth	School	Year Group
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

SECTION 6: OTHER INFORMATION

List some of the co-curricular or extra-curricular activities in which you would like your child to participate at Orbix International School.

Why did you select Orbix International School for your child/children?

How did you learn about Orbix International School?

Friend Work Website Social Media Others (please specify)

If you learned about us through your friend, please provide his/her details.

Referrer Name _____

Mobile Number _____

Will you require bus transport to and from Orbix International School?

Yes No Unsure

If yes, what area would you require the bus service?

SECTION 7: PARENT/GUARDIAN DECLARATION

In making this application, I/we undertake and agree:

- to pay an application fee with this application form.
- to provide all the necessary documents as requested by Orbix International School (Orbix).
- to read the terms and conditions governing the admission to Orbix.
- that should the student be offered a place at Orbix, to pay a non-refundable registration fee, a refundable deposit, annual fees, and other fees as required.
- to pay the semester fees and other fees, invoiced every semester or every quarter, on or before the payment due date. Orbix reserves the right to impose a late payment charge of 5% per annum on all outstanding fees which have not been paid before the payment due date. Orbix reserves the right to refuse entry to any student and/or treat this contract as terminated without prior notice to the Parents/Guardians for non-payment of fees.
- that outstanding fees must be settled in full before the student's last day at Orbix.
- that the deposit will be refunded when Parents/Guardians give at least 1 semester's notice period, and provide a written notice indicating that the student will be withdrawing. Failure to do so may result in the forfeiture of the refundable deposit. The deposit will be refunded, without any interest, after the end of the semester.
- that the deposit will be refunded in full provided all fees have been fully paid and the student has not caused any damages to the building, facilities or Orbix assets.
- to provide valid reasons in the notice of withdrawal from Orbix and to attend a session of 'exit interview'.
- that all withdrawals are subject to administrative charges of RM100 per student.
- that for any withdrawal before the commencement of the semester, fees paid will be refunded. However, if the student withdraws after the semester commences, the fees paid will not be refunded.
- to disclose to Orbix accurate and up to date information regarding any special or individual needs of the Student (including but not limited to any medical, physical, learning or psychological needs, medical conditions or health care requirements) which may affect upon the Student's educational progress or ability to participate as a member of the Orbix community, or require the provision of additional resources, facilities or support.
- to notify Orbix immediately if any special or individual needs of the Student change (including if any new needs arise), including if any change occurs prior to the commencement of the student at Orbix.
- to provide Orbix with copies of all medical reports and developmental assessments, such as reports from paediatricians, psychologists, speech therapists, occupational therapists, or other professionals, pertaining to the Student's special or individual needs or development on an ongoing basis.
- that any failure to fully and accurately disclose any material matter, either in the Student Application Form or subsequently in writing that such action constitutes a fundamental breach of this Agreement and Orbix may terminate the enrolment of the Student.
- that the enrolment of the Student at Orbix is not a representation that Orbix is able to meet the existing, future, or potential special or individual needs of the Student. Orbix may terminate the enrolment of the Student if Orbix is unable to provide the resources, facilities or support to meet the special or individual needs of the Student with reasonable adjustments, or where reasonable adjustments required would impose unjustifiable hardship on Orbix.
- that I/We consent for the personal data of the student and myself/ourselves, and I have obtained the consent of the other parent (if applicable) for his/her personal data to be provided to Orbix to disclose to the members of the Orbix Group of Companies, and for Orbix and the members of Orbix Group of Companies to collect, record, hold, use and store it as they may require.
- that Orbix reserves the right to discipline, suspend or dismiss any student whose lack of academic progress or whose behaviour is considered by The Principal or the Head to be unacceptable or an embarrassment to Orbix. When any student is suspended or dismissed, Orbix shall retain by way of liquidated damages any fees paid with respect to the student, and the Parents/Legal Guardians shall forfeit all entitlement to any fees paid with respect to the student.
- that Orbix and the members of Orbix Group of Companies reserve the full right to use the names, photographs, images and video recordings taken before, during and after the student's graduation/departure from Orbix for purposes of advertising and/or publicity without any prior notice to the Parents/Legal Guardians, and the Parents/Legal Guardians shall not be entitled to claim ownership or compensation for the materials or the use of thereof by Orbix.

Indemnity

- I/We hereby indemnify Orbix, members of Orbix Group of Companies, its officers and employees against any and all claims arising from any personal injury, death, loss or damage to property of any kind whatsoever which may occur whilst the student is participating in any activity, or while on Orbix property, or while traveling to or from Orbix premises.
- I/We understand that students taking part in any of Orbix events do so at their own risk and the students or Parents/Legal Guardians agree to indemnify Orbix and the members of Orbix Group of Companies against any claims as the result of any act or omission of the students.
- I/We understand and agree that in an event of an emergency, Orbix will make every effort to contact the Parents/Legal Guardians. However, if this is not possible, the student will be taken to either his/her family doctor (if known) or to a suitable hospital, approved by Orbix, for treatment. Parents/Legal Guardians will reimburse Orbix for any expenses/payment incurred to the hospital/clinic concerned.

Parent/Guardian Declaration

I, the undersigned, hereby represent that I have the legal authority to register the child. I agree to the above Terms and Conditions. I declare the information that I have provided on this form is complete and accurate. I will notify Orbix of any changes to the information on this form. I understand that to be eligible for the deposit refund, I must give at least one (1) semester's notice and provide a written student withdrawal letter.

Signature _____

Name _____

Relationship to Student _____

Date _____

APPLICATION PROCESS

Orbix offers educational opportunities to eligible students who identify with the vision and mission. Prospective students must submit a complete application form and all required documents before their application can progress to the next stage of the admissions process.

Important Note:

Any special social, medical, dietary, psychological or educational needs must be noted, with supporting information or documentation attached. Please refer to Section 7 in reference to the withholding of any additional material information during the time of the application.

Admissions Process:

1. Complete the Student Application Form and prepare all the required documents (checklist below).
2. Parents/Legal Guardians will be notified once the student's complete documents have been received and evaluated.
3. After an initial review of the application, the student will be invited to undertake admissions tests and may be asked to attend an interview.
4. The Admissions Committee will review the student's complete application and assessment results before making a decision about acceptance to Orbix.
5. Parents/Legal Guardians will be advised of the decision, whether the student is accepted unconditionally, accepted on a conditional basis, accepted but placed on a waiting list, or not accepted.
6. Parents/Guardians will have a limited period in which to accept the offer.
7. Invoices for fees will be sent to Parents/Legal Guardians. Upon the receipt of fees, the student's enrolment will be confirmed.

DOCUMENTS CHECKLIST

Malaysian Student

- Student's birth certificate or identity card (IC)
- Parents'/legal guardians' identity card (IC) or passport
- Previous school report cards/results
- Student's medical reports and immunisation records
- Recent passport-sized photograph (35mmW x 50mmH)
- Application fee

International Student

- Student's passport and visa (if relevant)
- Parents'/legal guardians' identity card (IC) or passport
- Parents' /legal guardians' visa
- Parents'/legal guardians' work permit
- Previous school report cards/results
- Student's medical reports and immunisation records
- Recent passport-sized photograph (35mmW x 50mmH)
- Application fee

FOR OFFICE USE ONLY

Counselled by _____ Date _____
 Walk-in Call-in Representative International Office Others: _____

Assessment 1 English Mathematics Other _____

Date of Assessment _____ Score _____ Pass Yes No

Assessment 2 English Mathematics Other _____

Date of Assessment _____ Score _____ Pass Yes No

Remarks _____

Category Student Pass Non-student Pass

OPTIONAL INTERVIEW

Interviewer _____ Date _____

Remarks _____

PRINCIPAL'S OFFICE

Decision Accepted Conditional Offer Rejected

Remarks _____

Signature of Principal _____

Name _____

Date _____