

DS AN NOUR ACADEMY

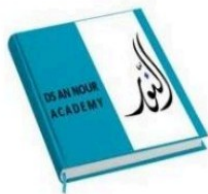
KINDERGARTEN . PRE-PRIMARY . PRIMARY . TAHFIZ . QURAN & LATCHKEY . TUITION

DS AN NOUR ACADEMY
36B, 3, JALAN RADIN ANUM, BANDAR
BARU SRI PETALING, 57000 KUALA
LUMPUR, WILAYAH PERSEKUTUAN
KUALA LUMPUR, MALAYSIA
P: +6016-209 6920
E: ADMIN@DSANNOURACADEMY.COM

REGISTRATION CHECKLIST

Item
<input type="checkbox"/> COPY OF PUPIL'S BIRTH CERTIFICATE
<input type="checkbox"/> COPY OF PUPIL'S IDENTITY CARD (IC) / PASSPORT
<input type="checkbox"/> COPY OF PARENT/GUARDIAN'S IDENTITY CARD/PASSPORT
<input type="checkbox"/> COPY OF PREVIOUS SCHOOL'S LEAVING CERTIFICATE/GRADUATION CERTIFICATE <i>(If applicable)</i>
<input type="checkbox"/> COPY OF REPORT CARD FROM PREVIOUS SCHOOL
<input type="checkbox"/> COPY OF IMMUNISATION RECORDS
<input type="checkbox"/> TWO PASSPORT SIZED PHOTOGRAPHS

**Parents/Guardians are required to prepare and provide us with the documents mentioned above.*



DS AN NOUR ACADEMY

KINDERGARTEN . PRE-PRIMARY . PRIMARY . TAHFIZ . QURAN & LATCHKEY . TUITION

DS AN NOUR ACADEMY
36B, 3, JALAN RADIN ANUM, BANDAR
BARU SRI PETALING, 57000 KUALA
LUMPUR, WILAYAH PERSEKUTUAN
KUALA LUMPUR, MALAYSIA
P: +6016-209 6920
E: ADMIN@DSANNOURACADEMY.COM

REGISTRATION FORM

ACADEMIC YEAR: 2025

PUPIL'S INFORMATION

FULL NAME:

DATE OF BIRTH: __ / __ / ____ (dd/mm/yyyy)

*IC NUMBER/ BIRTH CERTIFICATE NUMBER/ PASSPORT:

*(please attach a copy of student's birth certificate,
passport and/or copy of student's IC)*

RESIDENTIAL ADDRESS:

POSTCODE:

CITY:

STATE:

GENDER: MALE / FEMALE

RELIGION:

RACE:

PUPIL'S MEDICAL INFORMATION

ALLERGIES (FOOD):

- ☐ MILK
- ☐ EGGS
- ☐ FISH
- ☐ SHELLFISH
- ☐ TREE NUTS
- ☐ PEANUTS
- ☐ WHEAT
- ☐ SOYBEANS
- ☐ SESAME
- ☐ OTHERS (if any): _____

ALLERGIES (MEDICATION):

(please state if any)

*IMMUNISATIONS: *(please attach immunization records if applicable)*

- ☐ YES
- ☐ NO



DS AN NOUR ACADEMY

KINDERGARTEN . PRE-PRIMARY . PRIMARY . TAHFIZ . QURAN & LATCHKEY . TUITION

DS AN NOUR ACADEMY
36B, 3, JALAN RADIN ANUM, BANDAR
BARU SRI PETALING, 57000 KUALA
LUMPUR, WILAYAH PERSEKUTUAN
KUALA LUMPUR, MALAYSIA
P: +6016-209 6920
E: ADMIN@DSANNOURACADEMY.COM

PARENTS/GUARDIAN INFORMATION		
ADULT A (EMERGENCY CONTACT 1)		
FULL NAME:		
IC NUMBER/PASSPORT NUMBER:		
RELATION TO PUPIL: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN	PHONE NUMBER:	EMAIL:
RACE:	RELIGION:	OCCUPATION:
RESIDENTIAL ADDRESS/ CURRENT ADDRESS:		
POSTCODE:	CITY:	STATE:
ADULT B (EMERGENCY CONTACT 2)		
FULL NAME:		
IC NUMBER/PASSPORT NUMBER:		
RELATION TO PUPIL: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN	PHONE NUMBER:	EMAIL:
RACE:	RELIGION:	OCCUPATION:
RESIDENTIAL ADDRESS/ CURRENT ADDRESS:		
POSTCODE:	CITY:	STATE: