

Jalan Cipedes Selatan No. 85, Sukajadi, Kota Bandung 40162, (022)8260-2738

allathif.sch@gmail.com www.allathif.sch.id

## STUDENT REGISTRATION FORM - PRIMARY SCHOOL

Registration Date	e : (d) / (m) / (y)	Class Required:			
Full Name	:				
Nick Name	:	Sex :	Male / Female		
Religion	:Blood Group : O / A				
Birth (Date & Pla	nce) :	, (d) / (m	(m) / (y)		
Nationality	:				
Home Address	:				
	Phone	Postal Code :			
Please list prenursery schools:	evious schools, beginning with las	st one attended, i	nclude pre-school or		
School Name		Grade	NISN		
Do you repeat a	ny grades? If yes, what ${\mathfrak g}$	grades?			
Name of last sch	ool attended?	Grade	Completed		
Reason for leavi	ng last school				
Address of last s	chool:				
	Phone	Postal Code :			
How much of the	e Holy Quran do you have memorized?				
Juz	Surah				



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## **FAMILY INFORMATION:**

Father's Full Name	:						
Father's Employer	:Cell phone :						
Address	:						
	Phone		Postal Code	e :			
Mother's full name	:						
Mother's Employer	:Cell phone :						
Address	:						
	Phone Postal Code :						
_	ll name:nployer:		Cell ph	one :			
	Phone						
Brothers / Sisters (Full Name)			Birthdate		Age	Grade	
List the names of tw	vo people in the comn	nunity who car	n assume tei	mporary c	ere of you i	f your father	
or mother cannot be	•	ilumity trilo ca.	1 43341112 12.	po.a., c.	JIC 01 , JCC.	i your runte.	
Name		Relat	ation		Phone Number		
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## **MEDICAL INFORMATION**

Do you have any medical or physical conditions that may affect his/her attendance at school? $\Box$ Yes					
/ $\square$ No . If yes, please give a brief description:					
Allergies (food, medicine, bee sting):					
Special information or restriction we should know about you:					
Special information of restriction we should know about you.					
	LANG	UAGE			
What is your first lang	uage?				
What language(s) is/a	re spoken in your home?				
	,				
	ion that I have provided on tl to the information on this fo	nis form is complete and accurate. I will notify the rm.			
Signature of Parent/ Legal Guardian		Signature of Student			
(	)	()			
FOR OFFICIAL USE ONLY					
Admitted into (class)	:				
Admission No	:				
Date of Admission	:				
Approved By	:				
Signed By	:				
		)			