



LITTLE SCHOLAR KINDERGARTEN

1.0 STUDENT BIODATA

CHILD NAME :
PARENT NAME :
GENDER :
BIRTH CERTIFICATION NO. :
BIRTH DATE :
RACE :
NATIONALITY :
PASSPORT NUMBER* :
DISABILITY :
ADDRESS :
ACADEMIC SESSION :
PROGRAMME :
BRANCH :

2.0 REMINDER

- 1. DURING PHYSICAL REGISTRATION, PLEASE INFORM THE CLASSROOM TEACHER IF THE STUDENT HAS ANY ALLERGIES TO CERTAIN FOOD.**
- 2. BRING ALONG DOCTOR'S PRESCRIPTION IF THE STUDENT MAY HAVE ANY CHRONIC DISEASE SUCH AS ASTHMA, HEART PROBLEM OR ETC.**
- 3. BE PREPARED WITH EXTRA CLOTHES IF ANY INCIDENT OCCUR DURING THE CLASS SESSION.**

**TO THE NEW SCHOLAR, WELCOME TO THE NEW JOURNEY OF
EXPLORATION AND ADVENTURE !**