

**KOLEJ YAYASAN SAAD**

Peti Surat 495, Poskod 75670 Ayer Keroh, Melaka

Tel: 06 226 3157 Fax: 06-226 3399

Laman web: www.kysm.edu.myAPPLICANT'S
PHOTO**APPLICATION FOR ADMISSION**

Please complete all section accurately and enclose the required documentations:

- Recent colour-passport size photograph of the applicant
- A copy of applicant's birth certificate/identity card
- A copy of either parents/guardian identity card
- Supporting documents for income statement eg salary slip and BE/EA form etc

SECTION A : ADMISSION (Please Tick ✓)				
Year of admission to Kolej Yayasan Saad	<input type="checkbox"/> 2012	<input type="checkbox"/> 2013	<input type="checkbox"/> 2014	<input type="checkbox"/> 2015
Admission Level	<input type="checkbox"/> Form 1	<input type="checkbox"/> Form 2	<input type="checkbox"/> Form 3	<input type="checkbox"/> Form 4 <input type="checkbox"/> A Level
Exam Centre Code (Application To Form One Only. Please refer to Appendix 1 for details)	<input type="checkbox"/> AA	<input type="checkbox"/> AB	<input type="checkbox"/> CA	<input type="checkbox"/> DA <input type="checkbox"/> JB
	<input type="checkbox"/> KA	<input type="checkbox"/> MA	<input type="checkbox"/> PA	<input type="checkbox"/> TA
SECTION B: APPLICANT'S PARTICULARS (Please use block letters throughout)				
Name (as in birth certificate/IC)				
IC Number			Date of birth	
Gender (please tick ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place of Birth	
Age (at the date of registration)			Race	
Applicant's email address			Religion	
Home Telephone			Nationality	
Mobile Number			Height (cm)	Weight (kg)
Home Address				

(*) not applicable for fee paying applicants

SECTION C: FAMILY PARTICULARS				
FATHER'S PARTICULARS				
Title (please specify)	Mr/Dr/Tan Sri/ Dato' etc			
Name				
IC Number			Mobile Number	
Age			Office Telephone No.	
Nationality			Office Fax No.	
Email address			Gross income per month *	
Occupation			Any other income *	<input type="checkbox"/> YES <input type="checkbox"/> NO Please specify
Company's Name and Address				
MOTHER'S PARTICULARS				
Title (please specify)	Mrs/Dr/Puan Sri/ Datin etc			
Name				
IC Number			Mobile Number	
Age			Office Telephone No.	
Nationality			Office Fax No.	
Email address			Gross income per month *	
Occupation			Any other income *	<input type="checkbox"/> YES <input type="checkbox"/> NO Please specify
Company's Name and Address				

GUARDIAN'S PARTICULARS (other than parents, if applicable)			
Title (please specify)	Mr/Mrs/Dr/Tan Sri/Puan Sri/Dato'/Datin etc		
Name			
IC Number		Mobile Number	
Age		Office Telephone No.	
Nationality		Office Fax No.	
Email address			
Occupation			
Company's Name and Address			
Home Address			
Relationship to Applicant			

SIBLINGS GRADUATED/CURRENTLY IN KOLEJ YAYASAN SAAD				
No.	Name of Siblings	Gender	Year of Graduation	Sponsored by

NAMES OF SIBLINGS (including applicant)					
No.	Name of Siblings	Gender	Age	Level of Education	Sponsors (if any)

EMERGENCY CONTACT (nearest available relative to Kolej Yayasan Saad in case of emergency)			
Name		Telephone No.	
Relationship to Applicant		Mobile No.	

SECTION D: SCHOOL HISTORY					
No.	Name and Address of School	Joined Date	Leaving Date	Standard/Form	Reason of Leaving

SECTION E: ACADEMIC MARKS							
i) APPLICATION TO FORM ONE							
SUBJECTS		PRIMARY SCHOOL MARKS					
		Year 4 (End Year Exam)	For office use only	Year 5 (End Year Exam)	For office use only	Year 6 (UPSR Trial)	For office use only
1	Bahasa Melayu (Pemahaman)						
2	Bahasa Melayu (Penulisan)						
3	English						
4	Mathematics						
5	Science						
ii) APPLICATION TO FORM TWO							
SUBJECTS		FORM ONE MARKS				For office use only	
		Mid Year Exam	End Year Exam				
1	Bahasa Melayu						
2	English						
3	Mathematics						
4	Science						
5	Islamic Studies/Moral Studies						
6	History						
7	Geography						
8	Living Skills (Kemahiran Hidup)						
iii) APPLICATION TO FORM THREE							
SUBJECTS		FORM ONE MARKS		FORM TWO MARKS		For office use only	
		Mid Year Exam	End Year Exam	Mid Year Exam	End Year Exam		
1	Bahasa Melayu						
2	English						
3	Mathematics						
4	Science						
5	Islamic Studies/Moral Studies						
6	History						
7	Geography						
8	Living Skills (Kemahiran Hidup)						
iv) APPLICATION TO FORM FOUR							
SUBJECTS		FORM THREE MARKS					For office use only
		Mid Year Exam	Trial PMR	PMR (Grade)			
1	Bahasa Melayu						
2	English						
3	Mathematics						
4	Science						
5	Islamic Studies/Moral Studies						
6	History						
7	Geography						
8	Living Skills (Kemahiran Hidup)						
v) APPLICATION TO A-LEVEL							
SUBJECTS		FORM FIVE MARKS					For office use only
		Mid Year Exam	Trial SPM	SPM (Grade)			
1	English						
2	Additional Mathematics						
3	Mathematics						
4	Physics						
5	Chemistry						
6	Biology						
7	Principles of Accounts						
8	Basic Economics						
9	History						
10	Geography						

CO-CURRICULAR ACHIEVEMENT OVER THE LAST TWO YEARS

SECTION F: CO-CURRICULAR ACTIVITIES		Please tick ✓ and state medal achievement					
INVOLVEMENT IN SPORTS (eg Swimming, Athletics..)		School	District/ Zone	State	Country	Medal (if any)	For office use only
1							
2							
3							
4							
5							
INVOLVEMENT IN GAMES (eg Rugby, Netball, Basketball, Tennis...)		School	District/ Zone	State	Country	Medal (if any)	For office use only
1							
2							
3							
4							
INVOLVEMENT IN UNIFORM BODIES/PREFECTORIAL BODY (eg Motivation Camp, Leadership Camp, Camping...)		School	District/ Zone	State	Country	Placing (if any)	For office use only
1							
2							
3							
4							
INVOLVEMENT IN CLUBS AND SOCIETIES (eg Debate, Quiz, Choral Speaking, Drama, Choir...)		School	District/ Zone	State	Country	Placing (if any)	For office use only
1							
2							
3							
4							
MUSIC INCLINATION (eg Guitar, Piano, Violin, Drum...)					Year	Grade	For office use only
1							
2							
3							
MUSIC EXAMINATION		Examination Board			Year	Grade	For office use only
THEORY							
MUSIC EXAMINATION		Instrument	Examination Board		Year	Grade	For office use only
PRACTICAL							
POSITION HELD IN CLUBS/SOCIETIES/SPORTS/GAMES/UNIFORM BODY							
Name of Clubs/Societies/Sports/Games/Uniform Body		Year	President	Vice President	Secretary	Treasurer	For office use only
1							
2							
3							
4							
POSITION HELD IN PREFECTORIAL BODY/LIBRARIAN		Year	Head Prefect	Deputy Head Prefect	Prefect	Librarian	For office use only
1							
2							
3							

Please complete the declaration as accurately as possible

SECTION G: MEDICAL/HEALTH DECLARATION (Please tick and specify wherever applicable)		YES	NO
1	Does your child regularly take any medication at home or during school hours? (if YES please specify)		
2	Does your child have asthma? (if YES please specify what triggers your asthmatic attack and medication)		
3	Is your child a diabetic? (if YES please specify level of diabetic and medication)		
4	Does your child have epilepsy? (if YES please specify frequency and medication)		
5	Does your child have cardiac problems? (if YES please specify problems and medication)		
6	Does your child have any allergy? (if YES please specify allergy and medication)		
7	Does your child have dyslexia? (if YES please specify measure taken)		
8	Does your child have any physical disability? (if YES please specify)		
9	Is your child suffering from any audio/visual impairments? (if YES please specify)		
10	Does your child suffer from any illness that require special medication or attention other than specified above (if YES please specify)		

SECTION H : GENERAL INFORMATION	
1	How did you know of Kolej Yayasan Saad ? <input type="checkbox"/> Friends/Relative <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Roadshow <input type="checkbox"/> Others
2	Why do you choose Kolej Yayasan Saad? <input type="checkbox"/> Value Added Curriculum <input type="checkbox"/> Facilities and Resources <input type="checkbox"/> Academic Achievements <input type="checkbox"/> Location <input type="checkbox"/> Class Size <input type="checkbox"/> Co-curricular Activities <input type="checkbox"/> Others

I, on behalf of my child/guardian, hereby declare that all information given are correct to the best of my knowledge and belief. Falsifying of information will result my child to be rejected or terminated from Kolej Yayasan Saad.

Signature of Father/Guardian: _____

Signature of Mother: _____

Name:

Name:

Date:

Date:

APPENDIX 1: APPLICANT TO FORM ONE - EXAM CENTRE DETAILS

NO.	EXAM CENTRE CODE	EXAM CENTRE ADDRESS	CONTACT NUMBER
1	AA	Sek. Keb. Simpang, 34700 Simpang, Perak	05-8476373
2	AB	Sek. Keb. Sultan Abdul Aziz, Jalan Padang Tembak, 36000 Teluk Intan, Perak	05-6221972
3	CA	Sek. Keb. Tunku Azizah, Bandar Indera Mahkota, 25200 Kuantan, Pahang	09-5721343
4	DA	Sek. Keb. Zainab 1, Jalan Talipot, 15150 Kota Bharu, Kelantan	09-7471144
5	JB	Sek. Keb. Temenggong Abd Rahman 1, JKR 2292, Jln Abd Rahman Andak, 80100 Johor Bahru, Johor	07-2243020
6	KA	Sek. Keb. Sultanah Asma, Jalan Langgar, 05460 Alor Setar, Kedah	04-7333234
7	MA	Kolej Yayasan Saad, Peti Surat 495, 75670 Ayer Keroh, Melaka (Applicant from Selangor, Wilayah Persekutuan, Negeri Sembilan, Melaka, Muar and Tangkak)	06-2263157
8	PA	Sek. Keb. Permatang Bertam, 13200 Kepala Batas, Seberang Prai Utara, Pulau Pinang	04-5751973
9	TA	Sek. Keb. Sultan Omar, Jalan Sekolah, 23000 Dungun Terengganu	09-8481368