

Form No:

30 Victoria Lane Singapore 198424 Tel: 63915970 Fax: 62956221

مدرسة الجنيد الإسلامية

Affix passport-size photograph here

#### **APPLICATION FORM 2019 INTAKE**

Name:		
Level Applying For:		

### APPLICATION REQUIREMENTS

- 1. Application is open for entrance to Secondary 1 Secondary 3 & Pre-University 1 level
- 2. Latest examination results must meet a miminum of 60% pass and above.
- 3. Please attach copies of the following documents
  - i) Applicant's birth certificate or identity card.
  - ii) Both parents'/guardian's identity cards.
  - iii) Two colour passport-sized photographs of applicant.
  - iv) Applicant's latest examination results.

Incomplete application form and documents will not be accepted.

- 4. Closing date of application is **16 November 2018.**
- 5. An administrative fee of \$30.00 (Secondary) & \$40.00 (Pre University) must be paid by cash/nets at the main office before sitting for the entrance examination.
- 6. The application form can be submitted via:
  - i) Email: admin\_maa@aljunied.edu.sg or
  - ii) Mail: Madrasah Aljunied Al-Islamiah, 30 Victoria Lane Singapore 198424.
- 7. The entrance examination is on 22 November 2018 at 8 am. Attendance is compulsory. Madrasah will not provide alternative exam dates.
- 8. The examination result will be notified via e-mail.
- 9. All decisions made by the examination committee are final.
- 10. For further enquiries please contact Mdm Nur Azilah at 63915970.

## **PART 1: STUDENT PERSONAL DETAILS**

* Please fill up all information needed.				
Full name:			<u>Gender:</u>	
			Male	
			Female	
Full name (Arabic):				
Mailing Address:				
		<u>Post</u>	al code:	
		S		
Date of Birth:		<u>Na</u>	tionality:	_
dd/mm/yyy	y			
Place of birth:				
NRIC / Identity Card No.:			Race:	
s				
Languages spoken at home: (Please tid	ck in the spaces p	rovided)		
Malay Arabic	English	Others:	Please specify	
		<u> </u>		
<u>Current School Name:</u>				
Overall Final Exam Results:				
Entry Level:	2018			
State health problems (if any):				
Are you under a physician's care? Yes / N	lo			
Do you have family members in this ma If yes, please give details.	adrasah? Yes / No			
				1
Name	Employee or stu	udent	Relationship	_
				7

### **PART 2: Parents' Particulars**

<u>Motner's Name:</u>	<u>identity Card No:</u>
	S
Nationality:  Date and Place of Birth:  dd/mm/yyyy	Highest Qualification:
Mailing Address (if different from student's address):	
	Postal code:
	S
Occupation and Workplace Address:	
&	
	Doctol code:
	Postal code:
	S
Contact No.	
Contact No.:	<u>Marital Status:</u>
Home	
HP	
Office Email:	
Office Email:	
Father's Name:	Identity Card No:
<u>rather's Name.</u>	
	S
Nationality: Date and Place of Birth:	Highest Qualification:
	<u>g</u>
dd/mm/yyyy	
Mailing Address (if different from student address)	
	Doutel code:
	Postal code:
	S
Occupation and Workplace Address:	•
&	
	Postal code:
	S
Contact No.:	Marital Status:
Home	
Tieme	
HP Coffice Email	

# PART 3: EMERGENCY CONTACT PERSON (other than parents)

Full Name:			Relationship:		
Contact No. Home HP Office	<u>:</u>	<u>Emai</u>	<u>l:</u>		
•		and understood all the req n given is true and comple	uirements set forth in this application fo		
Name & S	Signature of par	rent / guardian	 <u>Date</u>		
y submitting ollect, obtain his form for t bserve data p arties.	, store and produce of dependence of dependence of the contraction and dependence of the contraction of the c	hereby agree that Madras cess yours and your child lata analysis. Madrasah A confidentiality and will no	sah Aljunied Al-Islamiah may 's personal data that you provide in ljunied Al-Islamiah is obliged to ot disclose your data to any third miah to use my data as mentioned		