



Student No.

Date          
D D M M Y Y Y Y

## Student Information

Full Name :

Nationality :  Religion :

Date of Birth :         Gender :  Male  Female  
D D M M Y Y Y Y

National ID No. :  Passport No. :

Address Street :

Country :  Postal Code :

Phone Number :  LINE ID :

Email Address :

## Parent Information

Full Name :

Phone number :  Relationship :

## Education Background

School Name :

Level of Study :  GPAX :

English Proficiency : <input type="checkbox"/> $\geq$ IELTS 5.0 <input type="checkbox"/> $<$ IELTS 5.0	Mathematics Competency : <input type="checkbox"/> $\geq$ SAT 400 <input type="checkbox"/> $<$ SAT 400	<input type="checkbox"/> No score
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Signature of Student

Signature of Parent

Admission Officer