



REGISTRATION FORM

Kg / Year: _____

- BDS Jerudong**
- BDS Berakas**
- BDS Tutong**

Student information

Student's name: _____			
Date of Birth: _____	Age: _____	Male: _____	Female: _____
Citizenship: _____		Religion: _____	

Family Information

Father/Guardian

Name: _____	Passport / IC Number: _____	
Citizenship: _____	I/C Colour: _____	Occupation: _____
Home Address: _____		
Home telephone: _____	Mobile telephone: _____	
Office Address: _____		
Office telephone: _____	Email Address: _____	

Mother/Guardian

Name: _____	Passport / IC Number: _____	
Citizenship: _____	I/C Colour: _____	Occupation: _____
Home Address: _____		
Home telephone: _____	Mobile telephone: _____	
Office Address: _____		
Office telephone: _____	Email Address: _____	

Additional Information

In case of any emergencies:	
Name: _____	
Contact number: _____	Relationship: _____

REGISTRATION AND SCHOOL FEES POLICY ON ENROLLMENT

1. On enrollment, payment of Registration Fee and the first month’s school fees is required to secure a place. Parents withdrawing their child/children after enrollment will **forfeit** the Registration Fee and 50% of the first month’s school fees.
2. School fees must be paid in **advance** monthly.
3. School fees payments reminders will be given on the **7th day (first reminder)** and on **21st day (second reminder)** of the month.
4. School fees and other fees will be accepted in **cash** only.
5. School fees will **NOT be refunded** in the following circumstances:
 - If your child fails to attend school and no reasonable excuse is given.
 - If your child is dismissed by the school due to serious disciplinary and attendance issues.

AGREEMENT

I hereby agree to enroll my son/daughter/ward at Bakti Dewa School and will abide with the terms above.

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Date

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Parent’s / Guardian’s Signature

REQUIREMENT

<input type="checkbox"/>	2 photos of student.	
<input type="checkbox"/>	Photocopy of Birth Certification OR Citizenship.	
<input type="checkbox"/>	Photocopy of Identity Card OR Passport – Father / Mother / Guardian	
<input type="checkbox"/>	Student’s Report Book	} Transfer from other school
<input type="checkbox"/>	School Health Record	
<input type="checkbox"/>	Student Pass	

OFFICE USE ONLY

Registration Number: _____	Session: _____
Date of enrollment: _____	Approved by: _____
REMARKS: _____	
