WORLD-POINT ACADEMY

Address: 15C, Jalan Wawasan 4/1, Bandar Baru Ampang, 68000 Ampang Selangor, Malaysia.
Tel: 603-4270 4122/ 7876/ 7625 Fax : 603-4270 4155
Website : http://www.world-point.net Email : enquiry@world-point.net

Photograph

APPLICATION FORM

PROGRAMME : _____

DATE OF INTAKE : _____ **INDEX NO :** _____

PERSONAL DETAILS (Please use BLOCK LETTERS)

Student Name **Age**

Sex:
Male ☐
Female ☐

Marital Status:
Single ☐
Married ☐

Nationality:
Malaysian ☐
Other ☐ _____ (Please state)

Race : _____

NRIC NO - -

NRIC No (Old) -

Date of Birth (dd/mm/yy)

Place of Birth

Passport No (If non-Malaysian)

Correspondence Address

Permanent Address (If different from above address)

Tel : _____ **H /P :** _____

PARENT/GUARDIAN/SPONSOR

Name of Parent/Guardian/Sponsor

Occupation

Relationship

Address

Tel : _____ **H /P :** _____

ACADEMIC DETAILS

* Actual/Forecarst Result for SPM/UEC/STP/DIPLOMA/DEGREE

NO	Schools/Institutes/Universities	State/Country	Results/Award	Year
1				
2				
3				

* English Language Achievement

NO	Schools/Institutes/Universities	State/Country	Results/Award	Year
1				
2				
3				

EMPLOYMENT HISTORY / EXTRA-CURRICULAR ACTIVITIES

NO	Organisation/Games/Societies	Position	Year
1			
2			
3			

DECLARATION BY APPLICANT

I declare that the information provided by me in this application form is true and correct. I acknowledge that World-Point Academy reserves the right to vary or reverse any decision regarding admission and enrolment made on the basis of incorrect or incomplete information. I agree to abide by all academic, administrative and examination rules and regulations of the programme and the academy.

_____

Signature of Applicant

Date: _____

DECLARATION BY PARENT/GUARDIAN/SPONSOR

I hereby agree to pay all fees due to the dates stipulated by the academy. I also understand and agree that if I default in paying the fees, the academy has the right to bar my child/ward from attending class. I hereby apply for his/her admission to World-Point Academy as a full-time student and undertake to pay the full cost of this programme.

Name of Parent/ Guardian/Sponsor

IC/Passport No

Relationship

Contact Address and Telephone No (if different from Home)

Office Tel No: _____ Mobile Phone No: _____

E-Mail: _____

_____

Signature of Parent/Guardian/Sponsor

Date: _____

* Delete where applicable