



BUDDHIST INSTITUTE SUNDAY DHAMMA SCHOOL

(An Educational Division of Sasana Abhiwurdhi Wardhana Society)

BUDDHIST MAHA VIHARA, 123, Jalan Berhala, Brickfields, 50470 Kuala Lumpur, Malaysia
TEL : 603-2274 1141 : 603-2274 1886 Fax : 603-2273 2570 Website : www.bisds.org



NEW STUDENT REGISTRATION FORM

NO:

(To be filled in Clearly & in Block Letters)

Name of Student (as per MyKad) : _____ Gender: Male / Female

Student Mykad / NRIC No;(if any) _____ Date of Birth : _____

Home Address: _____

_____ Postcode: _____

Name of School (presently studying): _____

PARENT / GUARDIAN's

Full Name :	Occupation :
House Tel:	Email : In case of emergency, please contact person name below, _____ Mobile No: _____ Also, I give permission to transport my child/ward to a hospital for treatment and wish to be advised prior any further treatment or hospital.
Office Tel :	
Mobile No:	
Remarks	Please indicate by circling , if you are willing to offer your services & time to serve as a volunteer or adult student. YES or NO. If , YES, please cross “ X “ in the box below. Our team will get in touch with you soon. <input type="checkbox"/> Wesak Day <input type="checkbox"/> Attend Adult Dhamma classes <input type="checkbox"/> Volunteer as BISDS Staff / Teacher <input type="checkbox"/> Others, (please specify) : _____

I would like to enrol my son / daughter / ward in Buddhist Institute Sunday Dhamma School. I have read and will abide by the terms and conditions stipulated in BISDS Student's Handbook.

Language Preferred : English / Mandarin.

Signature of Parent / Guardian : _____ Date :- _____

FOR OFFICE USE ONLY

Class Assigned _____ Registrar's Signature _____ Date: _____

Check List	Fees	Recorded	Issued
Registration			
Library			