**LOCAL STUDENT APPLICATION**

**Please fill up the application form clearly and submit all required documents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Programme** |  | | | | |
| **Level** |  | **Duration** |  | | |
| **School** |  | **Agent** |  | | |
| **Intake** |  | **Term** |  | **Year** |  |
| **Counsellor** |  | **Registration Date** |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL PARTICULARS** | | | | | | | |
| **Name *(as per NRIC)*** |  | | | | | | |
| **NRIC No.** |  | | | | | | |
| **Contact Number** |  | | **E-mail** | |  | | |
| **Permanent Address** |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Postcode** |  | **City** | |  | | **State** |  |
| **Correspondence Address** |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Postcode** |  | **City** | |  | | **State** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick (✓) where applicable** | | | | | | | |
| **Race** | | **Religion** | | **Gender** | | **Medical History** | |
|  | Malay |  | Islam |  | Male |  | No |
|  | Chinese |  | Christian |  | Yes |
|  | Indian |  | Buddhism |  | Female | \*If yes, please state | |
|  | Others |  | Hinduism |

\*please provide documentations and attach to this application form

|  |  |  |
| --- | --- | --- |
| **EDUCATION QUALIFICATION** | | |
| **Secondary School/Institution/University** | **Qualification** | **Year of Completion** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **NEXT of KIN (PARENT/GUARDIAN)** | | |
| Particulars | **Contact Person 1** | **Contact Person 2** |
| Name *(as per NRIC)* |  |  |
| Occupation |  |  |
| Relationship |  |  |
| Contact Number |  |  |
| Email |  |  |

|  |  |  |
| --- | --- | --- |
| **DECLARATION AND AGREEMENT BY APPLICANT/PARENT/GUARDIAN** | | |
| * I warrant that the information provided in this form in support of my application, is correct, true, and complete. * I acknowledge that provision of incorrect information or the act of withholding relevant information relating to my application, including transcript(s), might invalidate my application and that KSTVET College may withdraw an offer of a place or cancel my enrolment in consequence. * I further agree to abide by KSTVET College policies, rules, and regulations at all times * I accept that KSTVET College reserves the right to revise the current fees without prior notice. * I hereby agree to give consent to KSTVET College to release my reports/results and attendance reports to my parents/guardian/sponsors as and when necessary. * I have also read and understood the NON refund tuition fee policy of KSTVET College as stated in the fees schedule. * I undertake to ensure that all fees are paid by the specified due date and failing which I agree to pay any late payment and/or administrative charges incurred after the due dates. * I understand that I may be barred from classes, examinations, and the use of facilities if I fail to pay all fees. * I hereby give permission to KSTVET College for the use of photography images, and videos in publicity and promotional materials and to release relevant Information to our Career, Alumni, Collaborative Partners, and any Government bodies or agencies as required. * By providing my personal data I consent to receiving information that may benefit me. | | |
| **STATUS** | **DETAILS OF NAME** *(as per NRIC)* | **SIGNATURE** |
| Applicant |  |  |
| Parent/Guardian |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE: Please tick (✓)** | | | | | | | | | | | |
| **DOCUMENT CHECKLIST** | | | | | | | | | | | |
|  | Copy of NRIC | | | | |  | 2 copies of passport-sized picture  *(White background)* | | | | |
|  | Copy of academic transcript  (Final year examination/PMR/SPM results) | | | | |  | Any other supporting documents  *(OKU, medical,etc)* | | | | |
|  | Copy of school leaving certificate | | | | |  | Copy of registration fee receipt  *(non-refundable)* | | | | |
|  | Typhoid Injection  *(CAA & SH students)* | | | | |  | Copy of Food Handling Certificate  *(CAA & SH students)* | | | | |
|  | Funding/Schemes/Promotional/etc | | | | |  | Are you a smoker? | | | | |
| **MANAGEMENT APPROVAL** | | | | | | | | | | | |
| Offer status  **Please tick (✓)** | |  | Full time |  | Part-time | |  | Online | |  | Hybrid |
| **Student ID** | |  | | | | | | | | | |
| **Checked by** | |  | | **Approved by** | | |  | |  | | |
| Vice President -Academic | | President | | CEO | | |