



**JIGSAW PRIMARY SCHOOL SDN BHD.**

Simpang 187, Taman Setia, Berakas, BRUNEI DARUSSALAM. Tel No: 2334499/2334488



Photo  
Passport  
Size

**PUPIL'S PARTICULARS**

1. Full name of child : .....
2. Date of Birth : ..... Place of Birth : ..... Sex : Male / Female
3. Nationality : ..... Race : ..... Religion : .....
4. Home Address : .....  
..... Tel No : .....
5. Level of Schooling Applied For : .....
6. Level of schooling reached :

Year	Level	School	Language of Instruction

7. What is your first, natural family language : .....
8. Name by which your child prefer to be known : .....
9. Is your child in good health : .....
10. Does your child have any health problems or allergies the school should know about?  
.....
11. Additional Information : .....

**FATHER'S /GUARDIAN'S PARTICULARS**

1. Name of Father / Guardian : .....
2. I/C No: ..... Colour : .....
3. Profession: ..... Office Tel No(s) : ..... Mobile No: .....
4. Company Name: .....
5. Company Address: .....

## MOTHER'S PARTICULARS

1. Name of Mother: .....
2. I/C No: ..... Colour : .....
3. Profession : ..... Office Tel No (s) : ..... Mobile No: .....
4. Company Name : .....
6. Company Address : .....

### An Important Note to Parents:

1. The school operates a waiting list for all new students. A non refundable registration fee of B\$50.00 must accompany this form for your child to be entered to our waiting list.
2. A deposit of B\$500.00 will be required upon commencement & held until your child leaves the school. It is **refundable** upon the child leaving the school, provided 3 months notice is given in writing. Without the required notice, we regret that the deposit will not be refunded. All claims for refund of deposits must be made within 6 months of leaving school. After that, claims will not be entertained.
3. School fees are payable on a monthly (incorporated into 10 months). Kindly ensure that your child's fees are settled with the first seven (7) days of the month to maintain your child/children on the school enrolment list.
4. Parents are requested to send their children to school punctually. Children should be picked up promptly after school hours.

I, the undersigned, fully understand & agree to the above clauses and declare the details proved above to be correct.

Parent's Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Registration No : \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date of Registration : \_\_\_\_\_

Refundable Deposit Receipt No : \_\_\_\_\_ Date : \_\_\_\_\_

Date of Commencement : \_\_\_\_\_ Class : \_\_\_\_\_

Remarks : \_\_\_\_\_

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