



## METRO LEARNING CENTRE REGISTRATION FOR ENTRANCE TEST

Date: \_\_\_/\_\_\_/\_\_\_

### CHILD'S DETAILS (Complete all details)

NAME (as per IC) \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ BIRTH CERT/IC NO: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

### PARENTS'/GUARDIANS' DETAILS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACTS:H/P \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELATIONSHIP WITH CHILD: \_\_\_\_\_

DO YOU HAVE A CHILD OR CHILDREN NOW STUDYING IN THE CENTRE?  
YES/NO

(FOR OFFICE USE)

ENQUIRY FOR YEAR INTAKE : \_\_\_\_\_

DATE OF OFFER: \_\_\_\_\_

REFERENCE :

*Accompanying documents: Photocopies of child's birth cert & IC & both parent's IC*

*Please kindly ensure that your phone number and email address is correct. All information provided in this form are private and confidential and will not be given to any 3<sup>rd</sup> part individuals or corporates.*