



KLC PLACEMENT SERVICES

Higher Education Consultancy



STUDENT REGISTRATION FORM

Please affix
a recent photograph
here

Section 1 : Preliminary Information

Course / Programme	
University	
Intake	

Section 2 : Student Information

Name			
NRIC Number		Passport Number	
Mobile Number		Tel Number	
Email			
Permanent Address			
	Postcode :	State :	
D.O.B		Gender	
Race		Religion	



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Section 3 : Family Information

A : Father / Guardian Information

Father / Guardian Name			
NRIC Number		Relationship	
Gender		Marital Status	
Nationality		Occupation	
Mobile Number		Tel. Number	
Email			

B : Mother Information

Mothers Name			
NRIC Number		Occupation	
Mobile Number		Tel. Number	
Email			

C : Sibling Information

Bil	Name	D.O.B	Occupation	Gender
1.				
2.				
3.				
4.				
5.				



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Section 4 : Academic Record

A : Sijil Pelajaran Malaysia (SPM) / ICGSE

School :

Year Taken :

Subject	Grade		Subject	Grade	
	Trials	Actual		Trials	Actual
Bahasa Melayu			Science		
English			Prinsip Akaun		
Mathematics			Perdagangan		
Sejarah			Physics		
Pendidkan Islam / Moral			Chemistry		
Ekonomi Asas			Biology		
Additional Mathematics			Pendidikan Seni		

B : Sijil Tinggi Pelajaran Malaysia / A-Levels / Foundation

School / College :

Programme :

Year Taken :

Total GCPA :

Completion Date :

Subject	Grade	Subject	Grade



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Your Education Guru

Section 5 : Declaration And Signature

Applicant

I hereby declare that all information provided by me in this form, including those information given in all other documents submitted with this form is complete and accurate. I also accept that this organisation reserves the right to vary or reverse any decision regarding admission and enrolment made on the basis incomplete or inaccurate information.

Signature	<input type="text"/>
Name	<input type="text"/>
NRIC	<input type="text"/>
Date	<input type="text"/>

Parent / Guardian(If Applicant is below 18 years)

I hereby declare that all information provided by me in this form, including those information given in all other documents submitted with this form is complete and accurate. I also accept that this organisation reserves the right to vary or reverse any decision regarding admission and enrolment made on the basis incomplete or inaccurate information.

Signature	<input type="text"/>
Name	<input type="text"/>
NRIC	<input type="text"/>
Date	<input type="text"/>

Section 6 : For KLC Use Only

Student ID :	Source :		
Initial Payment :	Date :	RN :	
FIS	Date Registered :		

Documents Collected by KLC from student

- | | |
|--|--|
| <input type="checkbox"/> Copy of Student IC | <input type="checkbox"/> Copy of FIS / A-levels / STPM results |
| <input type="checkbox"/> Copy of Parent IC | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Copy of SPM / SPM Trial Results | <input type="checkbox"/> _____ |