



MAKTAB NASIONAL
P.O. BOX 14146, 88847, KOTA KINABALU, SABAH
TEL : 088-431687 FAX : 088-431686
Website: www.stsimon.edu.my
Email: stsimon.mn@gmail.com

ADMISSION FORM

Application to enrol in FORM _____ for the YEAR _____

STUDENT PARTICULARS

NAME : _____
ID CARD / BIRTH CERT. NO : _____ SEX : _____
DATE OF BIRTH : _____ PLACE OF BIRTH : _____
NATIONALITY : _____ RACE: _____ RELIGION : _____
HIGHEST STANDARD ATTAINED : _____
PREVIOUS / PRESENT SCHOOL (YEAR): _____
SPECIAL NEEDS: _____

Please attach photo here

PARENTS PARTICULARS

NAME OF FATHER : _____
OCCUPATION : _____ COMPANY : _____
CONTACT (Mobile): _____ (Office) _____ (Home) _____
EMAIL : _____
NAME OF MOTHER : _____
OCCUPATION : _____ COMPANY : _____
CONTACT (Mobile): _____ (Office) _____ (Home) _____
EMAIL : _____
HOME ADDRESS : _____
POSTAL ADDRESS : _____

ACKNOWLEDGEMENT

Enclosed my remittance of RM100.00 cash / cheque* (payable to MAKTAB NASIONAL) for payment of Registration Fee.

NAME : _____ DATE : _____
(FATHER / MOTHER / GUARDIAN)*

* Delete where not applicable.

* Attach form with 2 pieces of applicant's photograph , a copy of birth certificate or Malaysian Identity Card & student's school results.

FOR OFFICIAL USE ONLY

DATE : _____ CLASS: _____ ADMISSION NO : _____

Admission : Successful

Not Successful

Application Receipt No : _____ Amount : _____ Cash/chq No.* : _____

Deposit Receipt No. : _____ Amount : _____ Cash/chq No.* : _____

Building Fund Receipt No : _____ Amount : _____ Cash/chq No.* : _____

Remarks :