



MADRASAH AL-ARABIAH AL-ISLAMIAH

مَدْرَسَةُ الْعَرَبِيَّةِ الْإِسْلَامِيَّةِ

No 3 Lor 6 Toa Payoh S(319378) Tel: 6744 4749 Fax: 6744 5057 Email: admin@mai.edu.sg

To : Principal through Admissions Officer In-Charge

APPLICATION FOR ADMISSION TO SECONDARY * 1 / 2 / 3 (LEVEL) IN YEAR _____ (* Please circle level applying for)

Please note the following :

- I. The applicant may be required to sit for an aptitude test.
- II. Absence from this test would render the application invalid.
- III. Applicants may be required to attend an interview.
- IV. Results of your application will be notified through the parents/guardian hand phone number that you have provided.
- V. All decisions made by the Madrasah are final

A. Student's Particulars (please attach a copy of ID/BC/NRIC/FIN)				Please attach photo here
Name of Applicant :				
Date of Birth :		Nationality :		
Singapore PR / Dependent Pass Holder*		BC/NRIC/FIN No* :		
Telephone (H) :		Hand Phone :		

B. Parents' / Guardians' Particulars (please attach a copy of both parents' ID or Singapore NRIC)					
Name of Father / Guardian * :					
Nationality :		Passport/NRIC* :		Occupation :	
Email :		Telephone (H) :		Hand Phone :	
Address :					

Name of Mother / Guardian * :					
Nationality :		Passport/NRIC* :		Occupation :	
Email :		Telephone (H) :		Hand Phone :	
Address :					

C. Educational Background					
Name of current school :					
(Please tick <input checked="" type="checkbox"/> where applicable, last 2 years' exam results/ PSLE or iPSLE result slip/ Testimonial/ PACT result slip/ Islamic Studies results and/or other supporting documents have been attached)					
a) Last 2 years' exam results <input type="checkbox"/>	b) PSLE or iPSLE result slip <input type="checkbox"/>	c) Testimonial (if applicable) <input type="checkbox"/>	d) PACT result slip (if applicable) <input type="checkbox"/>	e) Islamic Studies results (if applicable) <input type="checkbox"/>	e) Other supporting documents <input type="checkbox"/>
PSLE T-Score (Aggregate) :					
CCA / Special Strengths / Talents :					
Reason/s for choosing to study in Madrasah Al-Arabiah :					



D. Information on Family Members				
Do you have (or had) family members at Madrasah Al-Arabiah? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the details below)				
Name	Student / Staff Others	Designation eg, Teacher / BOG Member	Year Joined	Relationship to Applicant

E. Other Information			
Please tick <input checked="" type="checkbox"/> accordingly	NO	YES	If yes, please provide details below with attached evidences
Does the applicant receive help from any form of Financial Assistance Scheme?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the applicant have any learning difficulties which affects or has affected his/her education?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the applicant ever been enrolled in a gifted programme?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the applicant ever been enrolled in a learning support programme?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the applicant ever seen a school counsellor?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any factors (personal, psychological or social) which have affected the applicant's academic performance in the past?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the applicant have any medical or physical conditions that require special attention or medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the applicant ever had a long term absence (more than 10 days) because of ill-health?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the applicant have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
How will the applicant travel to school? <input type="checkbox"/> Car <input type="checkbox"/> On Foot <input type="checkbox"/> Bicycle <input type="checkbox"/> MRT <input type="checkbox"/> Bus <input type="checkbox"/> Taxi			

F. Checklist for Attached Documents	
<input type="checkbox"/> Two Recent Passport-sized Photographs of Applicant	<input type="checkbox"/> Copy of Applicant's and Parents Passport / BC / NRIC (For Singaporean)
<input type="checkbox"/> Copy of Applicant's School Reports for Last Two Years	<input type="checkbox"/> Copy of Applicant's Examination Certificates (refer to checked boxes in section C)



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Copy of Applicant's speech / language / psycho-educational / psychologist reports or evaluation record for Applicants diagnosed with learning disability condition (if applicable)

Copy of Applicant's foreign passport / Dependent Pass / PR (identity card – please indicate blue on the copy) / Student Pass (if applicable)

G. Declaration (Please tick accordingly)

Failure to declare the following could result in the withdrawal of the offer of a place at the school. Please note that it is important to declare all psychological and medical conditions. In the case of special educational needs, the school will assess carefully whether it can manage the needs of your child. Kindly attach copies of relevant medical reports, if applicable.

- I declare that all information provided in this application form is correct and true.
- I understand that my child's place in the school may be withdrawn for failure to comply with the requirements outlined above.
- I consent to my child's name and/or photo being used by the school for school publicity purposes.
- By submitting this form, I hereby agree that Madrasah Al-Arabiah Al-Islamiah may collect, obtain, store and process the personal data that you provided in this form is for the purpose of enrolment, data analysis and necessary data submission to other authorised third parties. Madrasah Al-Arabiah Al-Islamiah is obliged to observe data protection and confidentiality in accordance to the Personal Data Protection Act (2012).

Parent's / Guardian's Signature _____

Date _____

FOR OFFICIAL USE

Non Refundable Administrative fees of \$20 is payable for non-affiliates applicants.

Paid to _____
(name of Admin Officer) (Admin Officer sign) (Receipt No.) (Date)

Interview Notes (if necessary)

Interviewed by _____ Date _____
Name / Signature

Vice-Principal's Comments :

Principal's Approval

APPROVED NOT APPROVED

Signature _____

Date _____