



SEKOLAH SRI KUALA LUMPUR
NO. 1, JALAN SS 15/7A
47500 SUBANG JAYA, SELANGOR
TEL : 03-56343491 / 93 FAX : 03-56343489

ENTRANCE TEST FORM

(Please fill in BLOCK LETTERS)

Standard/Form/Year to be enrolled in : (Year.....)

Name : (Male / Female)

Date of Birth : I.C No. / Birth Cert. No. :

Race : Nationality :

Previous School :

Siblings' Names : 1) Std/Form/Year

(In Sri KL) 2) Std/Form/Year

Co-curriculum Achievements:

Parent's / Guardian's Name :

Parent's / Guardian's Nationality :

Telephone No. Office / House :

Correspondence Address :

.....

.....
Parent's / Guardian's Signature Date

For Office Use Only

Date of Enrolment :

Payment by Cheque/Cash :
/ Credit Card

Receipt No. :

Standard/Form/Year :

Results

Date	English		Bahasa Melayu		Mathematics	
Remarks						

Results given to :

Date :

By :

.....
Approved by