



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		Mathematics		
Remarks					

Results given to : .....

Date : .....

By : .....

.....  
 Approved by