

TERMS & CONDITIONS

(1) REGISTRATION

Registration form must be completed with the following requirements:

- 1 piece of photocopied Birth Certificate
- 2 colour Passport Size photographs
- School Leaving Certificate AND Lastest Progress Report (if transferee and where applicable)
- Registration Fee \$40.00 (non-refundable) and School fee
- Student Pass (only for expatriate children)

New admission to Year 1 until 6 will depend on the results of Entrance Tests. New student must score a minimum of 70% in core subjects English Language, Mathematics, Science and Bahasa Melayu.

(2) SCHOOL FEES

1. **Time of payment:** School fees have to be paid every first week of each month. A REMINDER LETTER will be sent to parents when fees are not paid after the 7th day of each month. School fees and registration fee are non-refundable nor transferable. An official receipt will be issued upon payment.

2. **10-month Payment Basis:** As from 2018, all fees are on a 10-month basis where school fees are to be paid from January to October only.

Class level	AMOUNT PER MONTH	MONTHS TO PAY
YEAR 1 TO 6	\$156.00	JANUARY TO OCTOBER

3. **Late enrolment:** A full month school fees payment are required although enrolment is not on the 1st day of the month.

4. **Vacation/Sick Leave:** Full payment is also required during absent leave or sick leave as long as the pupil's name is recorded in the STUDENT REGISTER BOOK, otherwise, a School Leaving Certificate will have to be issued should the pupil decided not to continue. So, please inform the office at your soonest should you have any queries regarding this.

5. **Outstanding fees:** School policy prohibits any pupil to attend classes if fees are not settled after the issuance of the FINAL FEES REMINDER NOTICE. Likewise, report cards and leaving certificates will not be issued to the pupil. Parents are encouraged to discuss any problems relating to fees with the principal so that an arrangement can be made.

6. Discount Family Rate:

	Discount rate	Amount per month after discount
1 st child	Normal rate	-
2 nd child	5%	\$156.00 New fee \$148.20
3 rd child	10%	\$156.00 New fee \$140.40
4 th and subsequent child	12%	\$156.00 New fee \$137.30

(3) SCHOOL UNIFORM

Full School uniform is compulsory for every student, worn complete with a pair of black shoes and white socks. Both school and P.E uniforms are available for sale in the school.

AGREEMENT:

I, parent/guardian undersigned below agree to abide to the above Terms and Conditions of Sekolah Cemerlang Abejess. I agree to pay my child's school fees amounting to \$_____ (monthly, termly, annually).

Saya, ibu/bapa/penjaga yang menandatangani di bawah bersetuju mematuhi peraturan-peraturan Sekolah Cemerlang Abejess. Saya bersetuju membayar yuran sekolah \$_____ (setiap bulan, penggal, tahun).

Name: _____ Signature: _____ Date: _____

For Office Use Only:

Choice of payment: \$_____ per mth/term/year Discount rate _____% Child ranking in school ____/____
Claim: Yes/No Date claim letter given: _____

REG. NO. ○○○○/○○

SECA SCHOOL



**SEKOLAH CEMERLANG ABEJESS
PRIMARY SECTION**

SPG 274, KG KAPOK, JLN MUARA BT2328
NEGARA BRUNEI DARUSSALAM

Tel.: 2770725

Fax.: 2771725

www.secaschool.edu.bn

Office hours: 7.30 a.m. – 5.00 p.m. (Mon to Sat)
8.00 – 11.45 a.m. (Fri)

STUDENT ENROLMENT FORM

CLASS LEVEL YEAR 1 YEAR 2 YEAR 3 YEAR 4 YEAR 5 YEAR 6

SESSION MORNING 7.15 a.m.–12.30 p.m.
AFTERNOON 12.40 – 5.15 p.m.

STUDENT'S INFORMATION

1. (a) Child's full name: _____
Nama penuh anak

(b) Date of birth: _____ (c) Age (on 1st January): _____
Tarikh lahir Umur (pada 1hb Januari)

(d) Place of birth: _____ (e) Citizenship: _____
Tempat lahir Kerakyatan

(f) Religion: _____ (g) Gender: Male Female
Ugama Jantina Lelaki Perempuan

(h) Home address: _____
Alamat tempat tinggal Post Code _____

(i) Home tel. no.: _____
Nombor telefon rumah

(j) Contact telephone number in case of emergency: _____
Nombor telefon jika dalam kecemasan

MEDICAL HISTORY**MOTHER'S INFORMATION**

Please tick (✓) if applicable Details (eg. medication) Keterangan (perubatan)

Does your child suffer from: (Adakah anak awda mengalami:)	Epilepsy (Sawan)		
	Asthma (Sesak Nafas)		
	Allergies (Alahan)		
Other conditions (please specify) Masalah lain (sila nyatakan)			
Is your child on regular medication? Adakah anak awda memerlukan rawatan yang berterusan?			

SCHOOL HISTORY

Name of previous school Nama sekolah dahulu	Address Alamat	Phone Number Nombor Telefon	Year/Tahun	
			From Dari	To Hingga

SIBLING'S INFORMATION

Please list the siblings currently studying in SECA School.
Sila nyatakan adik-beradik yang sedang belajar di SECA School.

1. _____ Class: _____
2. _____ Class: _____
3. _____ Class: _____
4. _____ Class: _____
5. _____ Class: _____

FATHER'S INFORMATION

Title(Mr., Sir, Dr., Pg., Dato, Pehin): _____
Gelaran (Awang, Tuan, Dr., Pg., Dato, Pehin)

2. (a) Father's name: _____
Nama bapa

(b) Citizenship: _____ (c) Father's IC No.: _____
Kerakyatan Nombor IC.: _____

(d) Occupation: _____ Nombor Askar: _____
Pekerjaan Nombor Bomba: _____

Nombor Polis: _____

NomborTentera Laut: _____

(e) Company's Name & Office Address:
Nama Pejabat & Alamat Pejabat

Private () Government () Semi-Government ()

(f) Office Number: _____ Mobile Number: _____
Nombor telefon pejabat Nombor telefon bimbit

E-mail address (if any) Alamat e-mail (jika ada) _____

Title (Mrs., Madam, Dr., Pg., Datin): _____
Gelaran (Dayang, Dk., Puan, Dr., Pg., Datin)

3. (a) Mother's name: _____
Nama ibu

(b) Citizenship: _____ (c) Mother's IC No.: _____
Kerakyatan Nombor IC.:

Please fill if applicable

(d) Occupation: _____ Nombor Askar: _____
Pekerjaan Nombor Bomba: _____

Nombor Polis: _____

Nombor Tentera Laut: _____

(e) Company's Name & Office Address:
Nama Pejabat & Alamat Pejabat

Private () Government () Semi-Government ()

(f) Office Number: _____ Mobile Number: _____
Nombor telefon pejabat Nombor telefon bimbit

E-mail address (if any) Alamat e-mail (jika ada) _____

GUARDIAN'S INFORMATION

Please fill only if applicable.

Title (Mrs., Madam, Dr., Pg., Datin): _____
Gelaran (Dayang, Dk., Puan, Dr., Pg., Datin)

4. (a) Guardian's name: _____
Nama penjaga

(b) Citizenship: _____ (c) IC No.: _____
Kerakyatan Nombor IC.:

Please fill if applicable

(d) Occupation: _____ Nombor Askar: _____
Pekerjaan Nombor Bomba: _____

Nombor Polis: _____

Nombor Tentera Laut: _____

(e) Company's Name & Office Address:
Nama Pejabat & Alamat Pejabat

Private () Government () Semi-Government ()

(f) Office Number: _____ Mobile Number: _____
Nombor telefon pejabat Nombor telefon bimbit

E-mail address (if any) Alamat e-mail (jika ada) _____

