

Student Enrollment Form

Full Name*

Date of Birth*

Gender*

Select

Residential Address*

Email Address*

Contact Number*

Parent/Guardian Name*

Parent/Guardian Contact*

Relationship to Student*

Course/Program Applying For*

Academic Year*

e.g. 2024-2025

Previous School Attended

Medical Conditions/Allergies

If any, please specify

Upload Supporting Documents



I confirm that the above information is true and agree to the institution's privacy policy.

Submit Enrollment

Note: Fields marked with * are required. All information will be kept confidential.