



WESLEY METHODIST SCHOOL PENANG
(INTERNATIONAL)

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ENTRANCE ASSESSMENT FORM

STUDENT'S DETAILS

Student's Full Name: _____

Passport No / NRIC: _____

Date Of Birth: _____ / _____ / _____ Current Age: _____
DATE MONTH YEAR

Gender: Male Female

Race/Ethnicity: Chinese / Malay / Indian / Others: _____

Nationality: _____ Religion: _____

Home Address: _____

Level applied for: Nursery Reception Pre School Y1 Y2 Y3
 Y4 Y5 Y6 Y7 Y8 Y9 Y10 Y11

Applicant's Present School: _____

Present Year Group: Nursery Reception Pre School Y1 Y2 Y3
 Y4 Y5 Y6 Y7 Y8 Y9 Y10 Y11

PARENTS/GUARDIAN'S DETAILS:

Father / Guardian's Name: _____

Contact No: _____

Personal Email Address: _____

Mother / Guardian's Name: _____

Contact No: _____

Personal Email Address: _____

We understand that the application fees of RM _____ for above-named child is non-refundable and non-transferrable.

FOR OFFICE USE:

1ST Assessment Date: _____ Time: _____

2ND Assessment Date: _____ Time: _____

Remarks / Comments: _____
