

LILIN BANGSA INTERCULTURAL SCHOOL • Primary • Secondary • Pre-University

Jl. Terusan Hibrida Raya, Orchard Junction Kelapa Gading, Jakarta Utara. © 021 2906 9300 🖨 021 2906 9311

STUDENT APPLICATION FORM

1. Academic Programme Selection	
Course Title	
Specialisation	Commencement Date
Preferred Mode of Study 🗖 Full-Time 🛛 🗖 Part-Tin	ne 🗖 Distance Learning (Self Study)

2. Personal Details

Your Name (as shown on your passport/NRIC)					
Family Name (I	English) Mr/Mrs/Ms		Fi	rst Name	
Full Name (Chi	nese, if any)		Go	ender 🗖 Male	🗖 Female
Passport Numb	oer		Ic	lentity Card Numb	er
Date of Birth (c	ld/mm/yy)/	/	E	mail Address	
Telephone (home) Fax No Mobile					
Nationality PRC	SingaporeVietnamOthers, Please	🗖 Indonesia		India	
Marital Status	Single	Married			
Next of Kin:		Relationship:		Contact:	
Home Address	i		Mailing	Address	
Number and St	reet		Numbei	r and Street	



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City		City	
Province/State		Province / State	
Postal Code	Country	Postal Code	Country

3. English Language Profiency

Is English your first language? 🛛 🗖 Yes 🗖 No

If No, please provide certified evidence of English proficiency as follows (where available):

🗖 IELTS	Your score	. Test date	
🗖 TOEFL	Your score	. Test date	
🗖 GCE A/O Leve	el General Paper (English)	Your score	Test date
🗖 Others (pleas	se specify)	Your score	Test date

4. Educational Record (Please attach detailed transcript showing subjects taken)

Qualification / Award	Institution	From	То

5. Employment Experience

Name of Company	Position	From	То



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Checklist and Declaration

- Payment of application and enrolment fee (non-refundable)
- Completed Application Form
- Copy of Passport / identity card
- Copy of Educational certificates and transcripts
- Copy of IELTS / TOEFL certificate
- 2 Passport-size photographs

DECRLARATION: I confirm that all information given by me in this application is true, complete and correct. I understand that my application or any subsequent offer may be withdrawn by ATHE if in the future, the information provided proves to be inaccurate, either intentionally or unintentionally. I hereby also authorise school to conduct enquiry or investigation of the above information for purpose of verification. In addition, I have read, understood and accept the school's fees, charges and refund policy (http://www.athe.co.uk). While I am a student, I shall abide by all the statues, By-Laws and rules of the school and regulatory bodies.

Signature	Date
Signed by the applicant's parent or guardian (If the applicant is under eighteen (18) years of age)	

Signature

Date

Please return this application from along with all the documents listed in the checklist to:

ATHE

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FOR OFFICIAL USE				
Name of Agent Region				
Receipt Date Receipt Number Receipt Amount				
Promotion 🗖 Yes 🗖 No (If yes, name of previous school)				