

EIS Students Referral Form for Academic Year 2009/10

Particulars of New Student

Student Name : _____
 Student ID No. : _____
 Parent/Guardian Name : _____
 Parent/Guardian Contact : _____ (H/O) _____ (Mobile)
 _____ (Email)
 Academic Term : T1 / T2 / T3 / T4 Grade/Section : _____

Particulars of Referrer

Parent/Guardian Name : _____
 (Name as in passport / NRIC)
 Child's Name(s) : _____ Grade : _____
 : _____ Grade : _____
 Parent/Guardian Contact : _____ (H/O) _____ (Mobile)
 _____ (Email)

Declaration

I declare that all the information provided is true. I also understand that the referral fee of S\$250 per student will be payable to me after the recommended student commenced class with Emaar International School for at least four weeks.

 Signature of Parent/Guardian (Referrer) _____
 Date

For Official Use only:

Processed By	:		Receipt No.	:	
Approved By	:		Payment Date	:	
Remarks	:				