



STUDENT PROFILE DETAILS

***To be completed and returned on the orientation day*

| STUDENT'S PARTICULARS | | | | | |
|--|--------|----------------|-------------------------|---------------|--|
| Student Full Name: <i>*in block letters</i> | | | | | |
| Date of Birth: | | Age: | | | |
| NRIC: | | | School: | | |
| Gender: <i>*circle accordingly</i> | Female | Male | AST Program/AST Campus: | | |
| Mobile Number: | | | Home Tel: | | |
| Emergency Contact Name: | | Mobile Number: | | Relationship: | |
| Home Address: | | | | Postal Code: | |
| Health Issues: | | | | | |
| Food Allergy: | | | | | |
| PARENT'S PARTICULARS (MOTHER) / GUARDIAN 1 | | | | | |
| Full Name: | | | | | |
| NRIC: | | | Mobile Number: | | |
| Email: | | | | | |
| Home Address: | | | | Postal Code: | |

PARENT'S PARTICULARS (FATHER) / GUARDIAN 2

| | | | |
|---------------|--|----------------|--|
| Full Name: | | | |
| NRIC: | | Mobile Number: | |
| Email: | | | |
| Home Address: | | Postal Code: | |