



Yayasan Sarawak KOLEJ LAILA TAIB

- ☐ Accounting ☐ Business Management ☐ Architecture ☐ Interior Architecture
- ☐ Quantity Surveying ☐ Civil Engineering ☐ Electrical & Electronic Engineering

C. GENERAL INFORMATION

How did you learn about English Enhancement Program by Kolej Laila Taib ? (Tick where appropriate)

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|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Friends / Family | <input type="checkbox"/> | School Roadshow / Notice | <input type="checkbox"/> | Yayasan Sarawak |
| <input type="checkbox"/> | Facebook / Instagram / YouTube | <input type="checkbox"/> | Others: _____ | | |

D. ACCOMMODATION

The Accommodation will only be provided upon request.

Accommodation: ☐ Not Required ☐ Required

E. MEDICAL CONDITION / DISABILITY

Please indicate special medical condition / disability.

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F. DECLARATION AND SIGNATURE

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read and understood the terms and conditions. I will abide by the conditions set out, which I accept as conditions of the application. I agree, by signing this form, I am subject to the College's Privacy Notice. I consent the personal data collected herein by Kolej Laila Taib be processed in accordance with the Malaysian Personal Data Protection Act 2010, used for the purpose of administrative, and publicity and/or promotional exercise and other related legal documents.

Signature of Applicant: _____ Date: _____

G. DECLARATION BY PARENT / GUARDIAN / SPONSOR

I have read and understood the conditions of enrolment. I agree to the terms as laid out. I also agree to allow the student to participate in all visitations, events or functions within the duration of his/her studies, with the College and will not hold the responsibility for any injuries, death, missing persons or accidents that may occur before, after or during the event.

I agree, by signing this form, I am subject to the College's Privacy Notice. I consent the personal data collected herein by Kolej Laila Taib be processed in accordance with the Malaysian Personal Data Protection Act 2010, used for the purpose of administrative, and publicity and/or promotional exercise and other related legal documents.

Name of parent or guardian or next of kin

[illegible]

Signature of Parent/Guardian/Sponsor: _____ Date: _____

Important : Please note that the College reserves the right to change its rules and regulations from time to time without notice.