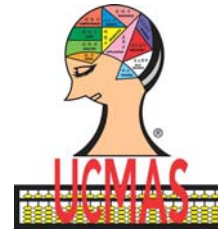


# ENROLMENT FORM



## *Student Information*

Name of student: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ (dd / mm / yy)

Gender: M / F

Name of parent/guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ H/P: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Off: \_\_\_\_\_

E-Mail Address:  
\_\_\_\_\_

Thank you!

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## *For Office Use Only*

Centre: \_\_\_\_\_

Level: \_\_\_\_\_

Term: \_\_\_\_\_

Payment: USD \_\_\_\_\_ Cash / Cheque No.: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Enrolled by: \_\_\_\_\_

Enrolment Date: \_\_\_ / \_\_\_ / \_\_\_

Signature: \_\_\_\_\_

Please return the filled application form to:

**UC MAS Maldives Pvt. Ltd**, Ma. Blue Seven, Nikagasmagu, Male', Maldives.  
Tel: +960 333 7660, 333 3536, Service Line: +960 779 8100, Fax: +960 331 2105  
Email: admin@ucmasmaldives.com, Website: www.ucmasmaldives.com