



Immanuel Beauty School Limited
 No. 38, Carpenter Street, #02-00, Hui Seng Building, Singapore 059917
 Tel : (65) 6438 7018 Fax : (65) 6438 7212 CRN : 200610910C
 E-mail : info@immanuelbeautyschool.com
 Website : www.immanuelbeautyschool.com

STUDENT'S REGISTRATION FORM



STUDENT'S PERSONAL INFORMATION

Full Name (as in NRIC):		NRIC/Passport/Fin:	Gender: Female / Male	Age:
<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner		Date of Birth:	Place of Birth:	
Local Address:		Overseas Address:	W/S-Pass Expiry Date:	
Local Contact: Home: Office: Mobile:	Overseas Contact: Home: Office: Mobile:	Email Address:	Hobbies:	
		Facebook Address:		
		Marital Status: Single / Married /Others	Do you smoke? Yes / No	

PARENT/LEGAL GUARDIAN'S PERSONAL INFORMATION
(if student is under eighteen (18) years of age)

Full Name (as in NRIC):		NRIC/Passport/Fin:	Gender: Female / Male	Age:
<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner		Date of Birth:	Place of Birth:	
Local Address:		Overseas Address:	W/S-Pass Expiry Date:	
Local Contact:	Overseas Contact:	Email Address:		
Home:	Home:	Facebook Address:		
Office:	Office:	Marital Status:		
Mobile:	Mobile:	Single / Married /Others		

FAMILY INFORMATION

Name	Relationship	Employer

In case of emergency, the details of the person/s to contact are:

Name:

Contact No:

Address:

Counsellor's Name (if applicable):

Contact No:

EDUCATION

Name of School	Qualifications / Training Awards	Year	
		From	To

EMPLOYMENT HISTORY

Name of Employer	Job Title	Year	
		From	To

COURSE REGISTRATION INFORMATION

Course Registered: _____

Course Commencement: _____

Expected Date of Completion: _____

Entry Requirements: _____

Attainable Qualification: _____

Accrediting Organisation: _____

COURSE FEES INFORMATION

Total Fees: _____

SDF: Yes: _____ (revised fees) No

Company Name: _____

Mode of Payment: Full Payment Installment

- 20% (upon registration): _____
- 30% (course commencement): _____
- 25% (1st Month): _____
- 25% (2nd Month): _____

DECLARATION

I certify that information contained in this STUDENT'S REGISTRATION FORM is true and complete.

I understand that the submission of any false information may be grounds for denying my admission to the course I have applied for.

I authorize the verification of any or all of the information listed in this Form.

STUDENT'S NAME: _____

Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN'S NAME (if student is under eighteen (18) years of age):

Signature: _____ Date: _____