Community Education ProgramInformation Collection Form





E mail: info@mdclk.com www.mdclk.com

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Photo to be affixed

Section 1 : Participant Details Full Name of the student & Name with initial (ENGLISH)	Gender (□Male □Female)
Postal Address (ENGLISH)	
NIC Number Age	e Date of Birth
Contact Number of the applicant Email Address	
	Date:
Section 2: Education Background	
	A/L Other:)
School/Institution Name	, <u> </u>
,	English)
Subjects Studied	
Previous Exam Results	
Section 3: Program Interests	
Preferred Subject Areas (□Maths □Science □IT □E	nglish □Tamil □ Computer Course]
Type of Support Needed (\square Seminars \square Past Paper D Career Guidance \square Other:)	Discussions □Practical Training □
Preferred Schedule (□Weekdays □Weekends □Eve	enings □Other:)
Additional Comments	

Section 4: Parent / Guardian Information

Parent/Guardian Name :	
Relationship to Participant:	
Contact Number:	
Father's Profession :	
Mother's Profession :	
Father's Status (□Alive □Deceased)	
Mother's Status (□Alive □Deceased)	
Can Parents Afford Fees? (□Yes □No □Partially)	
Will Financial Assistance Be Required? (□Yes□No)	
Section 5: Student's Ambition	
Career Goal/Ambition:	
Reasons for Choosing This Ambition	
Steps Taken Toward This Ambition (if any)	
Support Needed to Achieve This Ambition:	
I, the undersigned, confirm that the information provide participate in the educational program.	ed is accurate and agree to
	Signature:
	Data

FOR OFFICE USE ONLY

Incharge

Student Admission Number
Section 6: Knowledge Level Based on Past Term Tests
Subjects Assessed
Maths (Grade: Percentage:)
Science (Grade: Percentage:)
IT (Grade: Percentage:)
English (Grade: Percentage:)
Tamil (Grade: Percentage:)
Other Subjects
Overall Performance (□Excellent □Good □Average □Needs Improvement) Remarks (if any)
Section 7: Consent and Declaration
"I, the undersigned, hereby approve the above application submitted by [Applica Name

Authorised Signatory