



Student Enrollment Form

UCMAS
MALDIVES PVT. LTD.

Student Information

Name :
Date of Birth : (dd/mm/yyyy)
Gender : Male Female
School Time :

Passport size
Photo

Parent / Guardian Information

Name :
Relation :
Other / Specify :

Address & Contact Information

Residential Address :
Contact No : Primary* Secondary
Email :

*Primary contact number will be the first number UCMAS will contact when required.

Student Eligibility Criteria

Student should be able to read / write and recognize numbers from 1 to 30

Declaration

1. I hereby declare that the information provided above is true.
2. I agree to send my child to UCMAS classes **on time** and to pickup **without delay** at the end of the classes.
3. I agree to pay the UCMAS course fees and additional payments required for exams on time. I understand that failing to pay the course fee on time (within 10 days) will be subjected to a **10%** fine.
4. I understand that **all payments** made to UCMAS are **non-refundable**.
5. I agree to follow instructions provided by UCMAS regarding the classes and payments.
6. I agree to inform UCMAS in **writing** when I want to discontinue my child's education in UCMAS.
7. I agree to inform UCMAS of any changes to the information provided in this form.

Signature _____ Date _____

Note: A copy of the student's National ID Card (for Local Students) or Passport (for Foreign Students) should be attached with this form at the time of submission.

FOR UCMAS OFFICE USE ONLY

Center : Receipt :
Remarks :
Enrolled by :

Signature

Date

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