



Registration Form

PART 1 – CHILD’S PARTICULARS

Level applied for PG /PN /N /K1 /K2 Year _____ Session applied for 1st/2nd /Chinese Immersion

Name of Child _____		Chinese Characters _____	
BC / FIN No. _____	Date of Birth _____	(dd)____(mm)____(yyyy)	
Race _____	Citizenship _____		
Gender _____	Male / Female (<i>please circle</i>) _____	Telephone No. (Home) _____	
Address _____	Order of Birth _____	1 st / 2 nd / 3 rd / 4 th / 5 th child (<i>please circle</i>) _____	
		Postal Code _____	
Family Physician Name and Contact No: _____			
Allergies / Medical condition (if any) – Please attach a copy of medical report, if any _____			
Current School Attending / Last School Attended (State period attending / attended) _____			

PART 2 – PARENTS’ PARTICULARS

Name of Mother/ Guardian _____		Name of Father/ Guardian _____	
NRIC / FIN No. _____		NRIC / FIN No. _____	
Date of Birth _____		Date of Birth _____	
(dd)____(mm)____(yyyy)		(dd)____(mm)____(yyyy)	
Citizenship _____		Citizenship _____	
Race _____		Race _____	
Occupation _____		Occupation _____	
Company _____		Company _____	
Tel. No. (O) _____		Tel. No. (O) _____	
Handphone No. _____		Handphone No. _____	
Email Address _____		Email Address _____	
Religion _____		Religion _____	
Church (if any) _____		Church (if any) _____	

PART 3 – IN CASE OF EMERGENCY, PLEASE CONTACT Mom / Dad / Guardian (Details below):-

Name _____	Relationship _____
Tel. No. _____	Handphone No. _____

Please attach a copy of child’s Birth Certificate / Passport / FIN Card & copies of both parents’ Identify Cards / Passports / FIN Cards and the child’s Immunization records (after 2nd dose of MMR) for enrolment.

I agree that the deposit shall be used to offset the child’s Kindergarten 2 term four fees. Should the child withdraw before K2 term 4, this deposit will be non-refundable and non-transferable. I agree that should a parent withdraw the child after confirmation but before the academic term has commenced, 50% of the school fees will be forfeited. Term fees paid are non-refundable once the academic term has started.

Name of Parent/Guardian _____ Signature & Date _____

PART 4 – FOR OFFICE USE

Date Received _____	Amt _____	Cash / Cheque _____	Receipt No. _____
Date Received _____	Amt _____	Cash / Cheque _____	Receipt No. _____
Start Date: _____	Class: _____	No. of Uniforms: _____	Name Tag: _____