



## Registration Form

### PART 1 – CHILD’S PARTICULARS

**Level applied for PG /PN /N /K1 /K2 Year \_\_\_\_\_ Session applied for 1<sup>st</sup>/2<sup>nd</sup> /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 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> / 5 <sup>th</sup> 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 _____ (dd) _____ (mm) _____(yyyy)	Date of Birth _____ (dd) _____ (mm) _____(yyyy)
Citizenship _____ Race _____	Citizenship _____ 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, I AUTHORIZE YOU TO SEND MY CHILD TO THE NEAREST HOSPITAL / A&E / CLINIC. PLEASE ALSO CONTACT:-

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

**Please attach digital copies of your child’s Birth Certificate / Passport / FIN Card & both parents’ Identify Cards / Passports / FIN Cards for sighting and a copy of your child’s Immunization records (after 2<sup>nd</sup> dose of MMR) for our records.**

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: _____