School House BY THE BAY

Photograph

APPLICATION FORM

Proposed commencement date: ________ / ________ / ________
dd mm yyyy

Programme intend to Enroll (please circle): PG / N1 - AM / PM / Full Day

N2 / K1 / K2 - Flexi / Full Day

STUDENT DATA

Student's Name (Name as in Birth Certificate / Passport):

______________________ ____________________________ ___________________________
Family Name Given Name Chinese

Birth Certificate No. / Passport No.: ____

Date of Birth: ______ / ______ / ______ Gender: M / F Race: _____________________
dd mm yyyy

Nationality: Singapore Citizen / Singapore PR / Others: ____________________________________

Home Address: ____

_______________________________________ Postal Code: ______________________________

Home Telephone: ________________________ Home Email: ______________________________

PREVIOUS SCHOOL

Please provide details of last school attended, if applicable:

Name of School: ____

Country: _______________________ Date of Attendance: From _____________ to _____________

Name of Siblings	Gender	Date of Birth	School

FAMILY DATA

Father's Name: ____ (Name as in NRIC / Passport)

NRIC / Passport No.: _______________________ Highest Education Level: _______________________

Date of Birth: ________ / ________ / ________
dd mm yyyy

Company Name: __________________________ Occupation: _________________________________

Company Address: ____

Postal Code: _____________________________ Company Telephone: __________________________

Handphone: _____________________________ Email Address: _______________________________

Mother's Name: ____ (Name as in NRIC / Passport)

NRIC / Passport No.: _______________________ Highest Education Level: _______________________

Date of Birth: ________ / ________ / ________
dd mm yyyy

Company Name: ____

Commencement Date: ____________________ Occupation: __________________________________

Company Address: ____

Postal Code: _____________________________ Company Telephone: __________________________

Handphone: _____________________________ Email Address: _______________________________

Family Physician

Name: ___________________________________ Telephone: ___________________________________

IN CASE OF EMERGENCY, CONTACT (other than parents)

Name: _________________________________ Relationship to student: __________________________

Tel: (H) ___________________ (O) ___________________ Handphone: _________________________

Name: _________________________________ Relationship to student: __________________________

Tel: (H) ___________________ (O) ___________________ Handphone: _________________________

PERSON(S) AUTHORISED TO PICK UP THE CHILD (other than parents)

Name: _______________________________________ NRIC/Passport No.: ________________________

Tel: _____________________________________ Relationship to student: _______________________

Address: ____

____ Postal Code: ________________________

GENERAL HEALTH

Does your child have any health issues that we should be aware of?

Eyesight	☐ Yes	☐ No
Hearing	☐ Yes	☐ No
Food allergies	☐ Yes	☐ No
Others	☐ Yes	☐ No

If you answered YES to any of the above questions, please provide details:

____

____

____

DEVELOPMENTAL

Were there any complications with your child's birth?	☐ Yes	☐ No
In your child's first years of life, were there any significant health issues?	☐ Yes	☐ No
Did your child have difficulty acquiring a dominant hand?	☐ Yes	☐ No
☐ Left-handed ☐ Right-handed ☐ Undecided		
Does your child have difficulty with coordination, balance and physical skills?	☐ Yes	☐ No
Does your child have difficulty concentrating or paying attention?	☐ Yes	☐ No
Does your child have any behavioural difficulty?	☐ Yes	☐ No
Has your child ever been seen by an external agency? (e.g. Psychologist, Speech pathologist, Counsellor, etc.)	☐ Yes	☐ No

If you answered YES to any of the above questions, please provide details:

____

____

____

Were there any Areas of Concern about your child’s development?

Toilet Training	☐ Yes	☐ No
Crawling/Walking	☐ Yes	☐ No
Gross Motor Skills	☐ Yes	☐ No
Fine Motor Skills	☐ Yes	☐ No
Listening/Speaking/Reading	☐ Yes	☐ No
Social Skills	☐ Yes	☐ No
Emotional Maturity	☐ Yes	☐ No
Behavioural	☐ Yes	☐ No

If you answered YES to any of the above questions, please provide details:

____
____
____
____

Any other information which may be of use with helping us to get to know your child better? (e.g. family circumstances, special talents, etc.) ☐ Yes ☐ No

If you answered YES to the above question, please provide details:

____
____
____
____

ACKNOWLEDGEMENT, ACCEPTANCE AND INDEMNIFICATION

I/We, the undersigned, request the enrolment of our child/ward in accordance with the terms and conditions of enrolment. I/We hereby certify that the particulars furnished in this application are complete and true. I/We also acknowledge receipt of a copy of the "Terms and Conditions of Enrolment and Fee Policy" of Schoolhouse by the Bay.

The parent/guardian also agrees to indemnify the centre against any liability arising from any injury to the child/ward, any loss or damage to the child's/ward's personal property, or any unforeseen circumstances however that may result from the child/ward remaining on the centre premises after dismissal time or present on non-school days without permission and supervision, provided that the indemnity herein shall not exclude or restrict the centre's liability in the event of the death or personal injury of the student arising from the negligence of the centre.

______________________________	______________________________	________________
Name of Parent / Legal Guardian (Applicant)	Signature of Parent / Legal Guardian (Applicant)	Date

CONFIDENTIALITY POLICY: *Data & information collected will be treated as confidential and is for official use by the centre only. Unless requested by government agencies, written permission will be obtained from you if the data is used for purposes beyond the original content.*