

St. Clare School for Special Education

GST Reg No. 200712143M

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Email: info@saintclarecom.sg Website: www.saintclare.com.sg



APPLICATION FORM (IMMERSION PROGRAM)

Child's Particulars

Child's Name (as per passport) _____
Last Name First Name Middle Name

Preferred Name _____ Birth Date _____ Gender M / F
ddmmyyyy

Passport Number _____ Citizenship _____ Expiration Date _____
ddmmyyyy
If child has dual citizenship, please provide additional passport information below.

Second Passport Number _____ Citizenship _____ Expiration Date _____
ddmmyyyy

Singapore citizen? Yes No Singapore PR? Yes No

NRIC/FIN _____ Language Spoken at home _____

Home Address _____

Home Phone _____ Will applicant be living with a guardian? _____

Immersion Start Date _____ Immersion End Date _____

Parents' Information

Father's Name (as per passport) _____
Last Name First Name Middle Name

Birth Date _____ Citizenship _____ NRIC/FIN _____
ddmmyyyy

Immigration Status Permanent Resident of Singapore Dependant's Pass Holder
 Employment Pass Holder Work Permit Pass Holder

Company Phone _____ Handphone _____ Email _____

Mother's Name (as per passport) _____
Last Name First Name Middle Name

Birth Date _____ Citizenship _____ NRIC/FIN _____
ddmmyyyy

Immigration Status Permanent Resident of Singapore Dependant's Pass Holder
 Employment Pass Holder Work Permit Pass Holder

Company Phone _____ Handphone _____ Email _____

PRIMARY DISABILITY

- | | | |
|---|--|--|
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Speech/Lang. Impaired | <input type="checkbox"/> Autistic |
| <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Deaf | <input type="checkbox"/> Estab. Med. Disability (0-5yrs) |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Others (Please Specify Below) |