

# Student Registration Folder

Name of Student:.....

Class:.....

# St. Clare

School for Special Education

## **\*\* APPLICATION FOR ENROLMENT \*\***

**Child's Name :**

**( IN BLOCK LETTERS )**

-----  
Surname/Family Name

Christian/Given Name

Please include a photograph of your child, a copy of your child's previous school records and payment for the registration fee.

**1. CHILD'S PARTICULARS**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Male

Female

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Passport/IC No: \_\_\_\_\_ Language(s) spoken \_\_\_\_\_

Child's Immigration Status:  Permanent Resident of Singapore  
 Dependant Pass Holder  
 Student Visa

Language spoken at home \_\_\_\_\_

Previous School(s) attended ( to include Nursery / Kindergarten ) Date Grade

a) \_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_

**2. PARENTS' PARTICULARS**

**Father's Particulars**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ PP/IC No: \_\_\_\_\_

Nationality ( Father ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ (dd/mm/yyyy)

If Non-Singaporean:

Father's Immigration Status:

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

**Mother's Particulars**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ PP/IC No: \_\_\_\_\_

Nationality ( Mother ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ (dd/mm/yyyy)

If Non-Singaporean:

Mother's Immigration Status:

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

**\*\* APPLICATION FOR ENROLMENT \*\***

**Father's Occupation** \_\_\_\_\_

Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_

Business: Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Mother's Occupation** \_\_\_\_\_

Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_

Business: Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Residential Address \_\_\_\_\_

Residential: Telephone \_\_\_\_\_ Fax \_\_\_\_\_ H/P \_\_\_\_\_

Email Address \_\_\_\_\_

School fees and Expenses will be paid by ( Company / Personal ) \_\_\_\_\_

Correspondence to be sent to ( Business / Residential Address ) \_\_\_\_\_

Probable length of stay in Singapore \_\_\_\_\_

**3. CONDITIONS GOVERNING ENROLMENT AND ADMISSION  
TO SAINT CLARE SCHOOL ( ST CLARE )**

- a) Enrolment, admission and continuing admittance shall be conditional upon payment of the prescribed fees, in accordance with the rates and terms determined by ST CLARE and any other conditions in force from time to time.
  - b) Enrolment and admission to ST CLARE shall be by application on the form provided.
  - c) If admission to ST CLARE is consequent on a place being available, such admission shall be determined by reference to a reservation list, which shall allow for selection by earliest date of reservation.
  - d) Registration on a waiting list does not guarantee a place at ST CLARE for the term for which the application is made. ST CLARE will allocate available places strictly according to the position on the waiting list, commencing at the top for any particular term.
  - e) ST CLARE reserves the right to refuse enrolment and/or admission to any applicant at its sole discretion.
  - f) (i) Term fees are payable for each full term without deduction, no later than 14 days prior to the
- Saint Clare is committed in maintaining the confidentiality of the students' personal information and undertakes not to divulge any of the students' personal information to any third party without the prior written consent of the student. Students' particulars are solely for the purposes of completing course submission.

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## \*\* APPLICATION FOR ENROLMENT \*\*

- commencement of each term, or immediately on receipt of invoice, whichever is the sooner.
- (ii) A late payment fee of 5% of the term fee shall be payable for each month or part thereof that such fee remains unpaid.
  - (iii) ST CLARE reserves the right to refuse admission to any student whose fees remains unpaid at the end of the third week of any term, unless otherwise agreed in writing by ST CLARE.
- g) Notice of intention to withdraw a current student from ST CLARE shall be given in writing 14 days prior to the commencement of the following term excluding school holiday periods.
  - h) It is advisable not to submit withdrawal notification via your child / children.
  - i) Verbal or provisional withdrawals cannot be accepted.
  - j) Quarterly fees, either paid or due and payable, are non-refundable irrespective of whether the student completes the term.
  - k) Any notices given to ST CLARE shall be in writing and signed by the original applicant. Any notices given to the applicant shall be in writing and signed by the Principal and sent to the last address given by the applicant.
  - l) Continuing admission to ST CLARE, where applicable, is conditional on the student being the holder of a valid and current Student Pass issued by the Immigration Department of Singapore. The applicant agrees to notify ST CLARE immediately on any change in status of a Student Pass.
  - m) In case of medical emergency where the Parent or Guardian cannot be reasonably contacted to give consent, the Principal or her/his delegate may: authorize the medical examination of the student, the calling of further medical or specialist advice, and the removal, if necessary of the student to a hospital or nursing home. The Parent or Guardian agrees that any costs incurred by ST CLARE in relation to such examination, care or treatment shall be at his/her cost and ST CLARE against any costs so incurred.
  - n) The Parent or Guardian agrees that any books, learning materials or other matter taken home by the student shall remain the property of ST CLARE unless otherwise agreed, and that such property shall be given proper care and attention, failing which in the event of any damage or loss, the Parent or Guardian shall reimburse ST CLARE to the extent of the full replacement value.
  - o) Student shall confirm to any school rules pertaining to the wearing of uniforms.
  - p) No Parent or Guardian shall send a student who is suffering from or evidencing any signs of fever, influenza or communicable, contagious or infectious disease to ST CLARE and ST CLARE shall be required to exclude any such student from ST CLARE under part IX of the Schools Regulations of the Education Ordinance, 1957.

## 4. SPECIFIC INDEMNITY

- (i) The applicant agrees that the student may be included in swimming lessons, educational, outings, physical education and extra-mural activities whilst he/she is attending ST CLARE and that in the event of any injury to the student or damage to his/her property, the applicant absolves and saves harmless ST CLARE and its staff from any liability, whatsoever, in respect of any such injury or damage.

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**\*\* APPLICATION FOR ENROLMENT \*\***

- (ii) Notwithstanding (i) above, ST CLARE and its staff shall exercise their duty of reasonable care in relation to the supervision of any student.

The applicant, by signature hereunder, I certify that all the information provided above and attachments are true and correct I certify that all the information provided above and attachments are true and correct, having read and understood the provisions contained herein, agrees to the terms and conditions contained in the Application For Enrolment and Standard Student Contract.

Signature \_\_\_\_\_  
Parent / Guardian

Date \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Date Received \_\_\_\_\_ Offer Made \_\_\_\_\_

Fee Paid \_\_\_\_\_ Commencement Date \_\_\_\_\_

Signed \_\_\_\_\_

# St. Clare

School for Special Education

Date: \_\_\_\_\_

## **BASIC INFORMATION ON PUPILS**

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Pet Name ( used at Home ): \_\_\_\_\_

Medical Diagnosis ( History of Pregnancy & Birth > Present ) ... please provide details and any reports of professional visits.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication currently used: \_\_\_\_\_

Prolonged Illness, Surgeries, Adverse Reactions to Immunizations:

( Please give details ) \_\_\_\_\_

# St. Clare

## School for Special Education

### Basic Information on Pupils

Hearing Problems ( Please give details. Has your child had a hearing test? ) :

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Vision Problems ( Has your child's vision been checked? Please give details ) :

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Speech: -----  
( Please give details )

Allergies: -----

Schools: Please give details of your child's present and past schools

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Does your child follow directions? -----

Directions Involving Several Steps ? -----

Does your child understand and respond to family conversations ? -----

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Behaviour: -----

-----

Eye Contact: -----

How does your child get on with other children ? -----

-----

Recognition ( People, Objects, Places, etc .... ) -----

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# St. Clare

## School for Special Education

### Basic Information on Pupils

#### INDEPENDENT SKILLS:

What is your child able to do?

Dressing: \_\_\_\_\_  
\_\_\_\_\_

Toileting: \_\_\_\_\_  
\_\_\_\_\_

Feeding: \_\_\_\_\_  
\_\_\_\_\_

Showering/Washing/Brushing Teeth: \_\_\_\_\_  
\_\_\_\_\_

Primary Caretakers: \_\_\_\_\_

Siblings ( Name & Age ): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Is your child attending or have they attended any of the following. Please give details:-

Speech & Language Therapists: \_\_\_\_\_

Occupational Therapists: \_\_\_\_\_

Physiotherapists: \_\_\_\_\_

#### MOTOR DEVELOPMENT:

At what age did your child achieve

Smile: \_\_\_\_\_  
\_\_\_\_\_

Sit: \_\_\_\_\_  
\_\_\_\_\_

Crawl: \_\_\_\_\_  
\_\_\_\_\_

Stand: \_\_\_\_\_  
\_\_\_\_\_

Walk: \_\_\_\_\_  
\_\_\_\_\_

# St. Clare

## School for Special Education

### Basic Information on Pupils

Pediatrician / or other doctors: \_\_\_\_\_

\_\_\_\_\_

Work done at home with child: \_\_\_\_\_

\_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expectations: \_\_\_\_\_

\_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# St. Clare

## School for Special Education

### Declaration

I certify that all the information provided above and attachments are true and correct and understand that, if I am accepted for a place in **Saint Clare**.

- I will enter into the Standard Student Contract;
- I must pay the tuition fee as stipulated in the fee schedule;

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**Applicant's / Parent's Signature**

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**Date**



# Medical Examination Form

TO BE FILLED OUT BY PHYSICIAN:

HEALTH HISTORY: Pls tick  Yes or No

	Yes	No
Chronic / recurrent illness		
Hospitalizations		
Surgery		
Injury treated by physician		
Organs missing		
Heat exhaustion / stroke		
Convulsions / fits		
Concussions		
Wear glasses / contacts		
Dental caps/bridges/braces/plates		
Asthma		
Problems with heart / murmurs		
Problems with spleen / liver		
Problems with bladder / kidney		
Hernias / GI problems		
Recurrent skin problems		
Bone/joint injury		
Sprain / dislocation		

SUMMARY: Explanation of 'Yes' answers or abnormal findings:

Sports Participation approved Limitations

Yes  No

ALLERGIES: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hct: \_\_\_\_\_

B/P: \_\_\_\_\_ Rate: \_\_\_\_\_ FEME (UA) + -  
( Circle one )

Current Medication	Dosage	Purpose

	Normal	Abnormal	Remarks
Head			
Eyes			
ENT			
Dental			
Chest			
Heart			
Abdomen			
Genitalia			
Skin			
Extremities			
Spine			

Competitive Sports Participation approved

Yes  No

# Medical Examination Form

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IMMUNIZATION HISTORY ( Fill in the Dates Immunization given )

Type of Immunization	Date Given	Name of Clinic
BCG		
1 <sup>st</sup> DPT / HIB		
2 <sup>nd</sup> DPT / DT		
3 <sup>rd</sup> DPT / DT		
1 <sup>st</sup> Poliomyelitis		
2 <sup>nd</sup> Poliomyelitis		
3 <sup>rd</sup> Poliomyelitis		
Chicken Pox		
Measles, Mumps, Rubella		
1 <sup>st</sup> Booster Poliomyelitis		
1 <sup>st</sup> Hepatitis B		
2 <sup>nd</sup> Hepatitis B		
3 <sup>rd</sup> Hepatitis B		
Booster Hepatitis B		
Others ( please specify )		

## CONTRA-INDICATIONS/REACTIONS TO VACCINES

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All prescription medications need a written note from the parent / guardian. All medications along with the note must be submitted to the school nurse. Medications need to be in the original pharmacy physician containers and marked with the student's name, name of drug, dosage, schedule and instructions. Students are not allowed to be carrying any prescriptions / controlled medication ( such as Ritalin, pain pills, antibiotics etc...) in their personal belongings while at school.

**Emergency Treatment Authorisation:** In the event of an emergency when immediate observations or treatment is deemed necessary in the judgement of the school nurse/authorities, I authorize and direct the school authorities to send my child to the medical facility most readily accessible.

Permission to administer Panadol / Tylenol ( Acetametaphen )

Yes \_\_\_\_\_ No \_\_\_\_\_

-----  
Parent / Guardian Signature

-----  
Date

IT IS THE RESPONSIBILITY OF THE PARENT / GUARDIAN TO NOTIFY THE SCHOOL NURSE IN WRITING OF ANY CHANGES TO THE CHANGES TO THE INFORMATION GIVEN IN THIS FORM e.g. changes of address, telephone number, physical condition or medications.

# St. Clare

## School for Special Education

### Indemnity Form

Dear Parents,

Now that we have settled into our new premises at 270 Upper Bukit Timah, we have a number of facilities near to the school which we will be using. These include:

1. Bukit Batok Swimming Complex
2. West Mall Shopping Centre in Bukit Batok
3. Shops and Food Court along Upper Bukit Timah Road

We need your written permission to include these above named areas/places as routine trips within your child's curriculum timetable in order for the trips to be covered by our insurance company.

Please sign below and return to your child's class teacher.

Yours truly,

**Mr Prakalathan Kelaver**  
**Principal**

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### REPLY SLIP

I, \_\_\_\_\_, give my permission for my child,  
Name of Parent

\_\_\_\_\_ to travel to any of the above-mentioned venues as  
Name of Child

a routine part of their timetable when appropriate.

\_\_\_\_\_  
Signature

# St. Clare

School for Special Education

## SWIMMING INFORMATION SHEET

St. Clare holds swimming sessions on \_\_\_\_\_ afternoons for most of the classes. For younger students, the days may vary. Could you please fill out the following form to confirm your child's competence in the water.

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Please tick  all statements that describe your child's swimming abilities:-

- Non swimmer
- Shallow water swimmer
- Deep water swimmer
- Needs floats
- Needs water wings
- Does not swim due to medical reasons
- My child can swim \_\_\_\_\_ metres comfortably

Comments:

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\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



# St. Clare

School for Special Education

## VIDEO / PHOTO PERMISSION SLIP

I, \_\_\_\_\_ do not object/object \* to a photo or video clip containing a picture of my child, \_\_\_\_\_, to be included on the St. Clare School webpage or any other publication associated with the school.

\_\_\_\_\_  
Signature of Parent

## SCHOOL DIRECTORY PERMISSION SLIP

I, \_\_\_\_\_ will allow/will not allow \* my name, my child's name, address and contact numbers to be published in the Parent Directory. I understand that the Parent Directory is solely for the purpose of facilitating communication between parents.

\_\_\_\_\_  
Signature of Parent

\* Delete where not applicable