

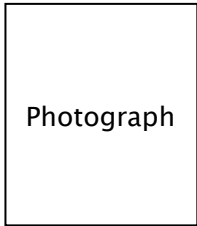
Student Registration Folder

(Confidential)

Name of Student: _____

Class: _____

Application For Enrolment



1. Child's Particulars

Surname/Last Name _____

Given Name _____

Male Female

Date of Birth ___/___/_____ (dd/mm/yyyy) Nationality _____

Passport/NRIC No: _____ Birth Certificate No: _____

- Child's Immigration Status:
- Permanent Resident of Singapore (*since___/___/_____dd/mm/yyyy*)
 - Dependant Pass Holder
 - Long Term Visit Pass Holder
 - Student's Pass Holder

Language spoken at home _____

Previous School(s) attended (to include Nursery / Kindergarten)	<u>Date</u>	<u>Grade</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____

2. Parents' Particulars

Father's Particulars

Surname/Last Name _____

Given Name _____

Date of Birth ____/____/____ (dd/mm/yyyy) Nationality _____

Passport No. _____ NRIC No. _____ (S'porean / PR*)

If Non-Singaporean:

- Dependant's Pass Holder (FIN No. _____)
- Employment Pass Holder (FIN No. _____)
- Work Permit Pass Holder (FIN No. _____)

Father's Occupation

Name of Company _____

Business Address _____

Contact No. (O) _____ (HP) _____ (Email) _____

School fees and Expenses paid by Father's Company (if applicable):

Company Name _____

Contact Person (Name) _____ (Email) _____

Probable length of stay in Singapore _____

Mother's Particulars

Surname/Last Name _____

Given Name _____

Date of Birth ____/____/____ (dd/mm/yyyy) Nationality _____

Passport No. _____ NRIC No. _____ (S'porean / PR*)

If Non-Singaporean:

- Dependant's Pass Holder (FIN No. _____)
- Employment Pass Holder (FIN No. _____)
- Work Permit Pass Holder (FIN No. _____)

Mother's Occupation

Name of Company _____

Business Address _____

Contact No. (O) _____ (HP) _____ (Email) _____

Residential Address _____

Residential Telephone _____

School fees and Expenses paid by Mother's Company (if applicable):

Company Name _____

Contact Person (Name) _____ (Email) _____

Probable length of stay in Singapore _____

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.

3. Conditions Governing Enrolment and Admission to Saint Clare School For Special Education (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) All Course Fees and Miscellaneous Fees must be paid before the commencement of each quarter and by the due date set forth on the invoice. Any refund of the Course Fee is subjected to St. Clare School Refund Policy.
 - (ii) A late payment fee of 10% will be imposed as per invoice date.
 - (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.
- (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 _____ Date _____
Parent / Guardian

FOR SCHOOL USE ONLY

Date Received _____ Offer Made _____

Fee Paid _____ Commencement Date _____

Signed _____

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.

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)

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.

Basic Information on Pupils

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

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

Eye Contact -----

Speech -----

Allergies -----

Behaviour -----

Does your child follow directions? -----

Directions involving several steps? -----

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

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

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

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.

INDEPENDENT SKILLS

What is your child able to do?

Dressing _____

Toileting _____

Feeding _____

Showering/Washing/Brushing Teeth _____

Primary Caretakers _____

Siblings (Name) _____

MOTOR DEVELOPMENT

At what age did your child achieve?

Smile _____

Sit _____

Crawl _____

Stand _____

Walk _____

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 _____

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.

Basic Information on Pupils

Paediatrician/ or other doctors _____

Work done at home with child _____

Concerns _____

Expectations _____

Remarks

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;

Applicant's / Parent's Signature

Date

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.

Medical Examination Form

Pg 2 of 3

TO BE FILLED OUT BY PHYSICIAN

HEALTH HISTORY

Pls tick

	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:

ALLERGIES

 Height _____ cm Weight _____ kg
 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			

Sports Participation approved Limitations
Yes / No

Competitive Sports Participation approved
Yes / No

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.

IMMUNIZATION HISTORY (Fill in the details or attach a copy of Immunization Record)

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

CONTRA-INDICATIONS/REACTIONS TO VACCINES

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.

<p>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.</p> <p style="text-align: center;">Permission to administer Panadol / Tylenol (Acetametaphen)</p> <p style="text-align: center;">Yes _____ No _____</p>	
<p>-----</p> <p>Parent / Guardian Signature</p>	<p>-----</p> <p>Date</p>

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.

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.

Swimming Information Sheet

St. Clare holds swimming sessions once a week in the morning. 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:

Signature of Parent

Date

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.

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

INDEMNITY FORM

Dear Parents,

Now that we have settled into our new premises at 10 Raeburn Park #01-09 Singapore 088702, we have a number of facilities very near to the school which we will be using. These include:

1. _____ Swimming Complex
2. _____ Sports Complex
3. _____ Park
4. Shopping Malls / Shops and Food Court
 - i) _____
 - ii) _____
 - iii) _____
 - iv) _____

We need your written permission to include these abovenamed 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

REPLY SLIP

I, _____, (Name of Parent) hereby give my permission for my child, _____ (Name of Child) to travel to any of the above-mentioned venue as a routine part of their timetable when appropriate.

Signature

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.