

## Immersion Program Application Form

### I. Child's Particulars

Child's Name (as per passport) \_\_\_\_\_  
First Name Middle Name Last Name (Surname)

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ M / F  
ddmmyyyy

Passport No. \_\_\_\_\_ Citizenship \_\_\_\_\_ Expiry Date \_\_\_\_\_  
ddmmyyyy

If child has dual citizenship, please provide additional passport information below:  
Second Passport No. \_\_\_\_\_ Citizenship \_\_\_\_\_ Expiry Date \_\_\_\_\_  
ddmmyyyy

Singapore Citizen ☐ Yes ☐ No Singapore PR ☐ Yes ☐ No

NRIC/Fin No: \_\_\_\_\_ Language Spoken at home \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Will applicant be living with a guardian? ☐ Yes ☐ No

Immersion Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### II. Parents' Information

**Mother's Name** (as per passport) \_\_\_\_\_  
First Name Middle Name Last Name (Surname)

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_  
ddmmyyyy

Immigration Status ☐ Permanent Resident of Singapore ☐ Dependant's Pass Holder  
☐ Employment Pass Holder ☐ Work Permit Pass Holder NRIC/Fin No: \_\_\_\_\_

Handphone \_\_\_\_\_ Email \_\_\_\_\_

**Father's Name** (as per passport) \_\_\_\_\_  
First Name Middle Name Last Name (Surname)

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_  
ddmmyyyy

Immigration Status ☐ Permanent Resident of Singapore ☐ Dependant's Pass Holder  
☐ Employment Pass Holder ☐ Work Permit Pass Holder NRIC/Fin No: \_\_\_\_\_

Handphone \_\_\_\_\_ Email \_\_\_\_\_

### III. Primary Disability

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Specific Learning Disability             | <input type="checkbox"/> Speech/Language Impaired      | <input type="checkbox"/> Auditory Processing Disorder |
| <input type="checkbox"/> Autism Spectrum Disorder                 | <input type="checkbox"/> Speech and Language Delay     | <input type="checkbox"/> Down Syndrome                |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Sensory Processing Disorder   | <input type="checkbox"/> Global Development Delay     |
| <input type="checkbox"/> Intellectual Disability                  | <input type="checkbox"/> Others (Please Specify Below) |   |

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