



# CHIJ OUR LADY OF GOOD COUNSEL

Established 1960

*For Official Use*

*Admission Type: New / Trf / WL*

*Student Type: SC / SPR / IS*

## APPLICATION FORM FOR ADMISSION

### Part I - Declaration

I am applying for Primary \_\_\_\_ level for my child/ward in Year \_\_\_\_\_. I declare that the information given below is true to the best of my knowledge. I undertake to furnish any further information or documents required by the school.

I hereby attached the following documents;

- Student's Birth Certificate/Passport
- Student's 2 years school result
- Copies of the Parents' Nric/Passport.

Reason for Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

### Part II - Student's Particulars

Name:		
Hanyu Pinyin Name (if any):		Chinese Character (if any):
Date of Birth:	Place of Birth:	Birth Certificate/Passport/FIN No:
Nationality:	Race:	Religion:
Present School (if any):		Present Level:
Medical condition/history (if any):		
No. of Siblings:	Information of Siblings:	

### Part III - Guardian's Particulars (Parent of SC/SPR student, please skip this part)

Name as in NRIC:		
NRIC No:	Relationship to Student:	Citizenship (Delete accordingly): Singaporean / Permanent Resident
Address:		Tel No (Home):
Email Address:		Tel No (Mobile):
Name of Employer/Company:		Occupation:



**CHIJ OUR LADY OF GOOD COUNSEL  
NEW PUPIL INFORMATION (ADDITIONAL SUPPORT)**

*For all applications for admission, we would appreciate if parents could inform the school of additional support needed.*

Name of child: \_\_\_\_\_

BC/SPR/FIN No: \_\_\_\_\_

1. Please provide us with information regarding any assessments your child has had with the following professionals. (A Nil return is required if applicable.)

No	Assessment with ...	Tick	Year	Outcome of Assessment
1	Medical Specialist			
2	Occupational Therapist			
3	Speech-Language Therapist			
4	Psychiatrist			
5	Psychologist (Clinical/Educational)			
6	Speech-Language Therapist			
7	Others (please state):			

What are your expectations on how best the school's additional support team (i.e. the learning and behavioural support officer, the school counsellor, the teachers trained in special needs) can help your child. (A Nil return is required if applicable)

***\*The information I have provided is true. I have not withheld any information that will mislead the school about my child's ability. I understand that the school will not be able to support my child in her areas of concern if I choose not to reveal information in this form.***

\_\_\_\_\_  
Name of Parent

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

\_\_\_\_\_  
Date