

## CHIJ Our Lady of Good Counsel APPLICATION FOR WAIT LIST

<b>SECTION A</b>	
Level applying for:	Year applying for:
<b>SECTION B – STUDENT’S DETAILS</b>	
Name (as in BC):	
BC No:	Race:
Citizenship:	Religion:
Date of Birth:	Mother Tongue Language:
Local Residential Address:	
Existing medical condition/ allergies (if any):	
Diagnosed Special Education Needs (if any): <b>Refer to Section D</b>	
Current Primary School/ Primary School posted for P1:	
Reasons for this application:	
<p><b>SUPPORTING DOCUMENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Both parents’ NRIC (front &amp; back)</li> <li><input type="checkbox"/> Child’s birth certificate</li> <li><input type="checkbox"/> Proof of citizenship eg. Re-Entry Permit/Singapore Citizenship Certificate</li> <li><input type="checkbox"/> Child’s latest school holistic development profile/ assessment report</li> <li><input type="checkbox"/> Divorce/ Custody/ Separation Papers, Letter of Consent etc (if any)</li> </ul> <p>The school will be in touch when a vacancy becomes available for your child. We will not be able to provide a timeline, as vacancies are dependent on student movement which we cannot predict. In the meantime, you may wish to consider means of transport between CHIJ OLGC &amp; home. Should you require school bus service for your child, please refer to our school website and contact the appointed school bus vendor personally to enquire for pricing, availability etc.</p>	
<b>SECTION C – PARENTS’ PARTICULARS</b>	
Father’s Name (as in NRIC):	
Citizenship:	Occupation:
Mobile No:	Email:
Mother’s Name (as in NRIC):	
Citizenship:	Occupation:
Mobile No:	Email:

**SECTION D – DECLARATION FOR SPECIAL EDUCATION NEEDS**

- **A Nil reply is required.**
- The school should be kept informed should there be any additional support required by the child. Please provide the information regarding any assessments your child has had with the following professionals.

**Child’s diagnosed Special Education Needs (if any):** \_\_\_\_\_

Assessment with	Year diagnosed	Outcome of Assessment
Medical Specialist		
Occupational Therapist		
Speech-Language Therapist		
Psychiatrist		
Psychologist (Clinical/Educational)		
Speech-Language Therapist		
Others (specify)		

What are your expectations on how best the school’s teachers (trained in special needs), School Counsellor and Special Needs Education Officer can help your child.

**SECTION E – DECLARATION FOR PARENTAL CONSENT**

- The information provided is true and 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. I undertake to furnish any further information, or documents required by the school.
- Both parents have consented to this application. Should the other parent contest to this application, I undertake to resolve the issue with her/him directly.

\_\_\_\_\_  
**Parent’s Name (as in NRIC)**

\_\_\_\_\_  
**Parent’s Signature**

\_\_\_\_\_  
**Date**