

CHIJ Our Lady of Good Counsel

APPLICATION FOR WAIT LIST

SECTION A		
Level applying for:	Year applying for:	
SECTION B – STUDENT’S DETAILS		
Name as on birth certificate:		
Birth certificate/ Re-entry Permit No:		
Date of Birth:	Citizenship: SC / PR <small>(delete accordingly)</small>	Race:
Religion:	Mother Tongue Language:	
Local Residential Address:		
Existing medical condition/ allergies (if any):		
Diagnosed Special Education Needs (if any): Refer to Section D		
Current Primary School/ Primary School posted for P1:		
Reasons for this application:		
SUPPORTING DOCUMENTS		
<input type="checkbox"/> Both parents’ Singapore issued Identity Card (front & back) <input type="checkbox"/> Child’s birth certificate <input type="checkbox"/> Child’ proof of citizenship eg. Singapore Citizenship Certificate/ Re-Entry Permit <input type="checkbox"/> Child’s latest school result slip <input type="checkbox"/> Divorce/ Custody/ Separation Paper/ Letter of Consent/ Deed Poll etc (if any)		
<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 to school. 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>		
SECTION C – PARENTS’ DETAILS		
Father’s Name:		
Citizenship: SC / PR <small>(delete accordingly)</small>	Occupation:	
Mobile No:	Email:	
Mother’s Name:		
Citizenship: SC / PR <small>(delete accordingly)</small>	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 or Nil): _____

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

Parent’s Signature

Date