



CHIJ Our Lady of Good Counsel

Established 1960

2C Burghley Drive, Singapore 558979 Tel +65 6288 6930 • Fax +65 6281 4132 • Email chijolgcs@moe.edu.sg
<http://www.chijourladyofgoodcounsel.moe.edu.sg/>

APPLICATION FORM FOR ADMISSION

PART I – PARENT’S 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;

- Both Parents’ NRIC
- Student’s Birth Certificate and Re-entry Permit (applicable for SPR)
- Student’s Singapore Citizenship Certificate (applicable for SC born overseas)
- Student’s latest school result slips

Reason for Application: _____

Signature of Parent/Guardian

Date

PART II – STUDENT’S DETAILS

| | | |
|-------------------------------------|-----------------|----------------|
| Name: | | |
| Date of Birth: | Place of Birth: | BC/FIN No: |
| Nationality: | Race: | Religion: |
| Current School: | | Current Level: |
| Address: | | |
| Medical condition/history (if any): | | |

PART III – PARENT’S DETAILS

| | <u>Father’s</u> | <u>Mother’s</u> |
|------------------------------|-----------------|-----------------|
| Name as in NRIC | | |
| NRIC/Passport No. | | |
| Nationality | | |
| Address | | |
| Mobile No | | |
| Email Address | | |
| Occupation | | |
| Name of Employer/ Company | | |



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ADDITIONAL SUPPORT (IF REQUIRED)

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

Name of child: _____

BC No: _____

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

| 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 behavioral support officer, the school counsellor, the teachers trained in special needs) can help your child. A Nil return is required.

****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