

ENROLMENT FORM

* delete as appropriate

Child's Particulars Full Name (Underline Surname) Identification No. e.g. Birth Certificate (Please attach proof) Country of Birth *Male/Female Age: School: Date joined: Class: Class:	nte				
Class					
Date of Birth Race: (Please attach latest school report) *AM/PN session	M				
Language(s) Child Uses:	ge(s) Child Uses:				
Citizenship If foreigner, * Singapore Permanent Resident/ International Student (attach proof) Language(s) spoken at home: With Parents/Grandparents: With Siblings:					
Child's Address Total No. of persons living with Child: [] father [] mother [] grandfather [] grandmothe [] brother [] sister [] domestic helper [] others:	[] father [] mother [] grandfather [] grandmother [] brother [] sister				
Child's Mobile (if any) Special Diet (if any)					
No. of siblings Child has Name and age of Sibling(s)/Relative(s) currently in					
Age range of siblings Canossaville Student Care Canossaville Pre School					
Child's Medical History: (attach any medical report/diagnosis or school assessment reports)					
Does your child have any of the following? (Tick all the boxes that apply) [] Acquired brain impairment					

Parents'/Legal Guardians' Particulars					
	PARENT 1 / GUARDIAN 1	PARENT 2 / GUARDIAN 2			
Full Name (underline surname)					
Race	[] Chinese [] Malay [] Indian [] Eurasian [] Others:	[] Chinese [] Malay [] Indian [] Eurasian [] Others:			
Language(s) Spoken	[] English [] Mandarin [] Malay [] Tamil [] Hokkien [] Teochew [] Cantonese [] Others:	[] English [] Mandarin [] Malay [] Tamil [] Hokkien [] Teochew [] Cantonese [] Others:			
Religion	[] Buddhist [] Catholic [] Hindu [] Muslim [] Protestant [] Sikh [] Free Thinker [] Others:	[] Buddhist [] Catholic [] Hindu [] Muslim [] Protestant [] Sikh [] Free Thinker [] Others:			
Date of Birth					
Country of Birth					
Citizenship					
If foreigner, Singapore Residency Status	[] PR [] Employment Pass [] Work Permit [] Dependent Pass [] Others:	[] PR [] Employment Pass [] Work Permit [] Dependent Pass [] Others:			
Identification No. (attach proof)	*NRIC/FIN/Passport	*NRIC/FIN/Passport			
Marital Status	[] Single [] Married [] Divorced [] Widowed [] Separated [] Not Reported	[] Single [] Married [] Divorced [] Widowed [] Separated [] Not Reported			
Relationship to Child	[] Father [] Mother [] Step-father [] Step-mother [] Guardian [] Others:	[] Father [] Mother [] Step-father [] Step-mother [] Guardian [] Others:			
Address (if different from Child's address)					

Parents'/Legal Guardians' Particulars (Continued)						
	PARENT 1 /	GUARDIAN 1		PARENT 2	GUARI	DIAN 2
Email Address						
Contact No.	Mobile:	Home:		Mobile:	Н	ome:
Occupation						
a] Place of Work:						
b] Address						
c] Workplace Tel No.						
Total Monthly	[] less than \$10	000 [] \$1000 to \$	52000	[] \$2001 to \$300	0 [] \$3	001 to \$4000
Household Income**						
	[] No formal ed	lucation [] Primar	cy.	[] No formal education [] Primary		
Highest Educational Qualification	[] Lower Sec	[] Second	dary	[] Lower Sec		[] Secondary
	[] Post-Second	ary [] Polyte	chnic	[] Post-Secondary		[] Polytechnic
	[] University 1 st Degree		[] University 1 st Degree			
	[] Masters	[] PHD		[] Masters		[] PHD
FAMILY FINANCIAL INFORMATION – For Those Applying For Financial Subsidy ** Total Monthly Income includes gross monthly income before CPF deduction + allowances + rental income + monthly commission earnings (actual or average over 12 months if irregular) 1] Are parents/guardians under any public financial assistance programme? [] Yes [] No If 'Yes' please provide the following information regarding the financial assistance:						
Name of recipient: Which programn			ne?	Amount? S\$ How often?		
2a] Total Monthly I S\$	ncome In Hous	sehold:	2b] No	o. of persons dep	pendent o	on total income?
3] Is the above prog If 'No' please pr		y financial assista al information as a	•		s []No)

TRANSPORT ARRANGEMENTS				
1a] To CSC, my child will:				
[] go on the school bus	[] be sent by me	e/authorised per	rson (complete 1b)	
[] take public transport on his/her own [] walk on his/her own				
1b] The person I authorise to send my child	d TO CSC is:			
Name (1): Relationship To Child :	NRIC: (attach proof)		Contact No.: Sex: *Male/Female	
Name (2) : Relationship To Child :	NRIC: (attach pr	oof)	Contact No.: Sex: *Male/Female	
2a] From CSC, my child will:				
[] go on the school bus	[] be fetched by	y me / authoris	ed person (complete 2b)	
[] take public transport on his/her own	[] walk on his/	her own		
2b] The person I authorize to fetch my chil	d FROM CSC is:	:		
[] As detailed in answer to [1b] above				
[] As specified below:				
Name (1): Relationship To Child :	NRIC: (attach pro	of)	Contact No.: Gender: *Male/Female	
-	_			
Name (2): Relationship To Child :	NRIC: (attach pro	of)	Contact No.: Gender: *Male/Female	
IN CASE OF EMERGENCY (when par	ent/guardian car	not be reache	ed), please contact:	
Full Name:	U	NRIC: (attach proof	· · · ·	
Address:		Mobile:		
Deletionship To Child		Home Tel:		
Relationship To Child:		Office Tel:		

DECLARATIONS of *Parent/Guardian (Please	tick against each point)			
[] I declare that to the best of my knowledge and belief, the correct, and I agree to inform CSC <u>immediately</u> of any				
	anagement committee, or volunteers of CSC responsible for fered by me or my child/ward while he/she is under the care			
] I understand that consent from parents/guardians will be sought for any programme or activity which involves my child/ward being away from the usual premises of CSC at 1 Sallim Road.				
] I agree to submit the school's continuous and semestral examination (CA/SA) marks of my child/ward to the teacher for intervention purposes.				
[] I agree to let my child/ward be attended to by our in-ho needed.	use Child Development Unit (CDU) professionals when			
[] I agree to submit any additional needs records of my chartesult in the immediate cancellation of my application a	hild/ward to CSC, and I understand that failure to do so will and/or enrolment at CSC.			
	of teachers, observation, documentation, etc as per CSC's ing children, and promoting CSC and public education. I			
[] I am not applying for Financial Subsidy and I agree to proceed follows: a) One time Registration Fee: S\$30.00 b) Monthly Fees payable in advance: S\$ 350 for the year 2 c) Annual Resource & Material Fee payable with fees for d) School Holiday Surcharge of \$25.00 per week payable unless my child/ward is not attending CSC at all in each household income is \$4,000 per month or less, or if per-I understand that the fees above are not guaranteed and	January: S\$120.00 at beginning of each School Holiday period week (parent may apply for exemption if total gross monthly capita household income is \$1000 or less)			
[] Please apply for Financial Subsidy on my behalf. I under approval by the provider of the Financial Assistance Sci	erstand that subsidies (if any received) are subject to heme and based on financial information I have provided.			
[] In case of emergencies, we will attend to your child wit reach you or your authorised care-giver, we will send y necessary and any charges incurred will be borne by you [] I agree [] I disagree				
[] I have read and understood the information given in the enrolment in CSC shall be subject to our abiding by the				
Name of *Parent/Guardian	Signature of *Parent/Guardian Date:			
Witnessed By: Name:	Signature Date:			
FOR OFFICE USE:				
[] Application Accepted.				
Date Joining: Class: I	Enrolment No:			
Checked by: Signature:	Date:			
Approved by: Signature:	Date:			