



Canossaville

Student Care

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: _____ (Please attach latest school report) *AM/PM session
Date of Birth	Race: Religion:		Language(s) Child Uses: Language(s) spoken at home: <ul style="list-style-type: none"> ▪ With Parents/Grandparents: ▪ With Siblings:
Citizenship	If foreigner, * Singapore Permanent Resident/ International Student (attach proof)		
Child's Address			Total No. of persons living with Child: ____ <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> grandfather <input type="checkbox"/> grandmother <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> domestic helper <input type="checkbox"/> others:
Child's Mobile (if any)		Special Diet (if any)	
No. of siblings Child has		Name and age of Sibling(s)/Relative(s) currently in Canossaville Student Care Canossaville Pre School	
Age range of siblings			
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)			
<input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Depression <input type="checkbox"/> Hearing impairment <input type="checkbox"/> ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Speech impairment <input type="checkbox"/> Anxiety Disorders <input type="checkbox"/> Dyslexia <input type="checkbox"/> Visual impairment <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Global Developmental Delay <input type="checkbox"/> NIL			
<input type="checkbox"/> Others, please specify: <input type="checkbox"/> Allergies, please specify: <input type="checkbox"/> Physical disability, please specify: Failure to disclose your child's medical history can result in the immediate cancellation of your enrolment			
If you have ticked any of the boxes above, please provide details including any special needs, medical or physical support needed in CSC.			

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

Parents'/Legal Guardians' Particulars (Continued)		
	PARENT 1 / GUARDIAN 1	PARENT 2 / GUARDIAN 2
Email Address		
Contact No.	Mobile: Home:	Mobile: Home:
Occupation		
a) Place of Work: b) Address c) Workplace Tel No.		
Total Monthly Household Income**	<input type="checkbox"/> less than \$1000 <input type="checkbox"/> \$1000 to \$2000 <input type="checkbox"/> \$2001 to \$3000 <input type="checkbox"/> \$3001 to \$4000 <input type="checkbox"/> \$4001 to \$5000 <input type="checkbox"/> \$5001 to \$6000 <input type="checkbox"/> \$6001 & above	
Highest Educational Qualification	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary <input type="checkbox"/> Lower Sec <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Polytechnic <input type="checkbox"/> University 1 st Degree <input type="checkbox"/> Masters <input type="checkbox"/> PHD	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary <input type="checkbox"/> Lower Sec <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Polytechnic <input type="checkbox"/> University 1 st Degree <input type="checkbox"/> Masters <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide the following information regarding the financial assistance:		
Name of recipient:	Which programme?	Amount? S\$ How often?
2a] Total Monthly Income In Household: S\$		2b] No. of persons dependent on total income?
3] Is the above programme the only financial assistance you receive? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' please provide additional information as asked in Question [1]		

TRANSPORT ARRANGEMENTS1a] **To** CSC, my child will : go on the school bus be sent by me/authorised person (complete 1b) take public transport on his/her own walk on his/her own1b] The person I authorise to send my child **TO** CSC is:

Name (1):	NRIC:	Contact No.:
Relationship To Child :	(attach proof)	Sex: *Male/Female

Name (2) :	NRIC:	Contact No.:
Relationship To Child :	(attach proof)	Sex: *Male/Female

2a] **From** CSC, my child will: go on the school bus be fetched by me / authorised person (complete 2b) take public transport on his/her own walk on his/her own2b] The person I authorize to fetch my child **FROM** CSC is: As detailed in answer to [1b] above As specified below:

Name (1):	NRIC:	Contact No.:
Relationship To Child :	(attach proof)	Gender: *Male/Female

Name (2):	NRIC:	Contact No.:
Relationship To Child :	(attach proof)	Gender: *Male/Female

IN CASE OF EMERGENCY (when parent/guardian cannot be reached), please contact:

Full Name:

NRIC:
(attach proof)

Address:

Mobile:

Relationship To Child:

Home Tel:

Office Tel:

