

CHIJ Our Lady of Good Counsel

APPLICATION FOR WAIT LIST

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|---|--|--------------|-------------------------|-------|--|
| SECTION A | | | | | |
| Level applying for: | | | Year applying for: | | |
| SECTION B – STUDENT’S DETAILS | | | | | |
| Full Name: | | | | | |
| UIN/ NRIC No (last 3 digits & alphabet): | | | | | |
| Date of Birth: | | Citizenship: | SC / PR | 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’ NRIC (front & back) <input type="checkbox"/> Child’s birth certificate <input type="checkbox"/> Child’ proof of citizenship if applicable <i>E.g. Singapore Citizenship Certificate/ Re-Entry Permit</i> <input type="checkbox"/> Child’s latest school result slip <i>E.g. mid-year</i> <input type="checkbox"/> Divorce/ Custody/ Separation Paper/ Letter of Consent/ Deed Poll etc (if any) | | | | | |
| We will contact you when a vacancy becomes available for your child. Please note that we are unable to provide a specific timeline, as vacancies are dependent on student movements which we cannot predict. You may wish to consider transport arrangements between CHIJ OLGC and your home. Should you require school bus service for your child, please contact our appointed school bus vendor. More information can be found on our school website > School Services. | | | | | |
| SECTION C – PARENTS’ DETAILS | | | | | |
| Father’s Name: | | | | | |
| Citizenship: | | | Occupation: | | |
| Mobile No: | | | Email: | | |
| Mother’s Name: | | | | | |
| Citizenship: | | | Occupation: | | |
| Mobile No: | | | Email: | | |

SECTION D – DECLARATION FOR SPECIAL EDUCATION NEEDS

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

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 regarding how the school's teachers (trained in special needs), School Counsellor and Special Needs Education Officer can best support your child?

SECTION E – DECLARATION FOR PARENTAL CONSENT

- ☐ The information provided is true and I have not withheld any information that would 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 object to this application, I undertake to resolve the issue with him/her directly.

Parent's Name

Parent's Signature

Date