	LD'S PARTICULARS		T
Name:			BC No:
Citizenship: Singapore (Citizen / Singapore PR	Date of Birth:	Race:
Address:			
Current Prima	y School:	Mother Tongue Language taken in School:	
Medical condit	ion/history (if any):		·
		De	
ARTII – PA	RENTS' PARTICULA <u>Fathe</u>		<u>Mother's</u>
Name as in NRIC			
NRIC			
Citizenship			
Mobile No			
Email Address			
Occupation			
	IDDODTING DOOLIN	1ENTS	
Both ParentsChild's BirthChild's latestChild's Re-ei	school result slips ntry Permit/ Singapore Cit orce/ Custody/ Separation		
Both ParentsChild's BirthChild's latestChild's Re-eiOthers - Divo	"NRIC (front & back) Certificate school result slips ntry Permit/ Singapore Cit orce/ Custody/ Separation		

PART IV - ADDITIONAL SUPPORT

- A Nil reply is required.
- The school should be kept informed of any additional support required by the child (if any). 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.

Assessment with	Year diagnosed	Outcome of Assessment
Medical Specialist		
Occupational Therapist		
Speech-Language Therapist		
Psychiatrist		
Psychologist (Clinical/Educational)		
Speech-Language Therapist		
Others (please specify)		
PART V – PARENT'S DECLARA	ATION	
	stand that the	ave not withheld any information that will mislead the school will not be able to support my child in her areas of orm.
declare that the information given in t urnish any further information or docu		is true to the best of my knowledge and I undertake to d by the school.
Signature of Father/Mother		Date