## **Request Form for Authorised Caregiver**

- This form will take you about 10 minutes to complete.
   For items marked with a "\*", you must bring along the <u>original</u> supporting documents (such as the NRIC of the person you wish to designate as the authorised Caregiver) to your child's/ward's school.
   # The Identification No. refers to Singapore NRIC No., Singapore Birth Certificate No., or Foreign Identification No.,
- whichever is applicable.
- 4. Your child's/ward's school reserves the right to reject your request. If you have any queries, please contact your child's/ward's school.

To be completed by Parent / Legal Guardian		
A) Particulars of Student		
Name:		
Identification No.#:		Level/ Class:
B) Nature of Request (Please tick (✓) the most appropriate option):		
There is no existing authorised Caregiver and I wish to authorise one.  (Please complete sections C, D, E, F and G below)  I wish to revoke the authorisation previously given to the existing authorised Caregiver.  (Please complete section G below)  I wish to substitute the existing authorised Caregiver with another authorised Caregiver.  (Please complete sections C, D, E, F and G below)		
C) Particulars of Authorised Caregiver / Substitute Authorised Caregiver		
Name of Caregiver*:		
Relationship with Student (Shade 1 bubble):		
O Relative O Others: (to specify)		
Identification No.*#:		Citizenship*:
Race (Shade 1 bubble):	Highest Education	Level Attended (Shade 1 bubble):
O Chinese	O Primary	O University Degree
O Malay	O Secondary	O Postgraduate (e.g. Master's, Doctoral)
O Indian	O ITE	O No Schooling
O Eurasian	O Pre-U	O Others
O Others (specify):	O Polytechnic Diploma (specify): O Other Diploma	
Local Mobile No.:	-1	Other Local Contact No. (if applicable):

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Email Address (if applicable):		
D) Reason(s) for request to appoint Authorised Caregiver / Substitute Authorised Caregiver		
(to briefly set out the reason(s) in this space)		
E) Change in Primary Person to Contact (If applicable) (The Primary Person to Contact (PPtC) will be the first point of contact that your child's/ward's school will contact on matters pertaining to your child/ward)		
Do you also wish to change the PPtC to the above proposed Caregiver if this request is approved? (Shade 1 bubble)  O Yes  O No		
F) Scope of Authorisation		
I, (Name of Parent / Legal Guardian), (NRIC No./FIN No.) hereby:		
<ul><li>(a) Declare that I exercise sole care and control in relation to the person identified in Section A (the "Child") above;</li></ul>		
(b) Authorise the person identified in Section C above to act as the Caregiver of the Child and therefore make decisions that I, as the person exercising care and control in relation to the Child, may make with regard to the Child's education in any mainstream school <sup>1</sup> ; and		
(c) Acknowledge and unconditionally agree that if my request, as set out in this form, is approved by the Child's school, the authorisation set out in sub-paragraph (b) above will remain in effect until I submit a separate request to the Child's school to revoke the authorisation.		
(Signature of Parent / Legal Guardian and Date)		
<sup>1</sup> The term "mainstream school" refers to a school in Singapore that is a Government school, or a non-Government school listed in the School Directory of the Ministry of Education's School Information Service Internet website at sis.moe.gov.sg.		

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G) Declaration & Consent by Parent / Legal Guardian			
I, (Name of Parent / Legal Guardian)	, (NRIC		
No./FIN No.) declare that I have read and understood the contents of this form			
and that the information provided in this form is true to the best of my knowledge and belief.			
my child/ward and I) with other parties to fac	n may share all necessary data (including personal data of both cilitate the provision of services for my child's/ward's educational I to my child/ward, as determined by the Government, unless		
(Signature of Parent / Legal Guardian and	Date)		
H) Declaration by proposed Caregiver /	substitute Caregiver		
I, (Name of proposed Caregiver / substitut	e Caregiver),		
(NRIC No./FIN No.)	declare that I have read and understood the contents of		
this form and agree to be authorised in the manner set out in sub-paragraph (b) of section F above.			
I acknowledge that the Ministry of Education may share all necessary data (including my personal data) with other parties to facilitate the provision of services for the Child's (as defined in sub-paragraph (a) of section F above) educational advancement or other purposes beneficial to the Child, as determined by the Government, unless such sharing is prohibited by law.			
(Signature of proposed Caregiver / Substitu	ute Caregiver and Date)		
For School's Use Only:			
The request is approved / rejected <sup>^</sup> .			
Name of School Staff	Signature of School Staff Date		

<sup>^</sup>To delete as appropriate.