



Pro-Teach Education Group (Wellington)

Wellington Primary School, 10 Wellington Circle, S757702

REGISTRATION FORM

Student's Particulars

Name: _____	Birth Cert. No.: _____	Age: _____
Date of Birth: ____/____/____ (DD / MM / YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Level/Year: Primary ____/Yr ____	Class: _____	Form Teacher: _____
Home Address: _____	Postal Code: _____	
Home Tel: _____	Allergy: <input type="checkbox"/> No <input type="checkbox"/> Yes (Pls specify: _____)	
Meal Requirement: <input type="checkbox"/> Normal <input type="checkbox"/> Vegetarian, no egg <input type="checkbox"/> Vegetarian, with egg <input type="checkbox"/> Halal		

Student's Profile

Child's Discipline:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Child's Academic Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Child's Handwriting:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Remarks from Parent/ Guardian: _____				

Student's Reporting Schedule

Monday	<input type="checkbox"/> Not coming	<input type="checkbox"/> Normal School Dismissal	<input type="checkbox"/> Remedial/CCA (Time: _____)
Tuesday	<input type="checkbox"/> Not coming	<input type="checkbox"/> Normal School Dismissal	<input type="checkbox"/> Remedial/CCA (Time: _____)
Wednesday	<input type="checkbox"/> Not coming	<input type="checkbox"/> Normal School Dismissal	<input type="checkbox"/> Remedial/CCA (Time: _____)
Thursday	<input type="checkbox"/> Not coming	<input type="checkbox"/> Normal School Dismissal	<input type="checkbox"/> Remedial/CCA (Time: _____)
Friday	<input type="checkbox"/> Not coming	<input type="checkbox"/> Normal School Dismissal	<input type="checkbox"/> Remedial/CCA (Time: _____)

Parent/ Guardian's Particulars

	Father / Guardian	Mother / Guardian
Name		
NRIC No.		
Date of Birth		
Nationality		
Company		
Job Title		
Highest Qualification		
Monthly Income		
Contact No.	(Office)	(Office)
	(Mobile)	(Mobile)
Email Address (pls write clearly)		

Dismissal Arrangements for Parents

I understand that Pro-Teach's daily programme ends at 5.30pm. The earliest time to fetch my child/ward is 5.45pm. Should I have to pick my child earlier, I understand that there is a minimum waiting time of **15** minutes for my child to make his/her way to the Main Gate.

Parent's Signature: _____



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Our Terms and Conditions

I have read and agreed to the Terms and Conditions of Pro-Teach Education Group (Wellington).

1. I understand that Pro-Teach's daily programme ends at 5.30pm. The earliest time to fetch my child/ward is 5.45pm.
2. Monthly fee is payable even on missed lessons due to personal reasons, for example, sick leave, vacation, etc.
3. Pro-Teach is an independent SCC operator who does not receive any funding from the Government. Pro-Teach is **not** part of the MOE FAS scheme. In addition, as long as my child is registered with Pro-Teach, I agree to make payment for my child's student care fees monthly, regardless of my application status in the MSF SCFA scheme.
4. I understand that deposit is refundable to offset fees for the last month only if 1 month written termination notice is served on the 1st of any calendar month.
5. The Centre reserves the rights to suspend and terminate their service to my child by giving 1 month written notice or refund of deposit.
6. Registration Fee and Deposit are non-transferrable and non-refundable in the form of cash.
7. I understand that resource fee will neither be refunded in the form of cash nor materials be returned should I withdraw.
8. Once deposit is offset, subject to availability, Registration Fee is payable should I decide to join Pro-Teach again.
9. I agree to the number of closure days Pro-Teach has stipulated in the Parents' Handbook. Lessons on Company and School Official Closures & gazetted public holidays will not be replaced nor refunded in cash.
10. I agree to Pro-Teach's Personal Data Protection Policy as stipulated in the Parents' Handbook.
11. Pro-Teach reserves the right to make any changes or amendments.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

For Official Use only:

Course(s) applying for: <input type="checkbox"/> Student Care Date of Commencement: _____ (DD/MM/YY) Remarks _____ _____ _____ _____ _____ Officer's Name: _____ Officer's Signature/Date: _____		Paid \$	Unpaid \$
	Registration		
	Insurance		
	Deposit		
	Fee (mth _____)		
	Holiday Surcharge		
	_____ piece(s) of Uniform		
	Resource Fee (Sem _____)		
	Others _____		
	TOTAL		
	Receipt No. WLT		
	Cheque No. _____		