



Enrichment Certificate Programme Admission Form

FOR SCHOOL USE

Date Received: _____ Start Date: (_____/_____/_____) _____

Application No.: _____

Fee Received Cheque No.: _____

Applicant Photo

(Taken within the
Past three months)

<p>Age 1.5 - 3</p> <p><input type="checkbox"/> Playgroup : English</p>	<p><input type="checkbox"/> Monday - Friday</p> <p><input type="checkbox"/> Monday, Wednesday & Friday</p> <p><input type="checkbox"/> Tuesday & Thursday</p>	<p><input type="checkbox"/> 9:30am - 11:30am</p>
<p>Age 1.5 - 3</p> <p><input type="checkbox"/> Playgroup : Mandarin</p>	<p><input type="checkbox"/> Thursday</p>	<p><input type="checkbox"/> 9:30am - 11:30am</p>
<p>Age 3 - 10</p> <p><input type="checkbox"/> Cambridge English</p> <p><input type="checkbox"/> Read4fun (Phonics)</p> <p><input type="checkbox"/> Mandarin</p>	<p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p>	<p><input type="checkbox"/> 2:00pm - 3:00pm</p> <p><input type="checkbox"/> 3:00pm - 4:00pm</p>
	<p><input type="checkbox"/> Saturday</p>	<p><input type="checkbox"/> 9:00am - 10:00am</p> <p><input type="checkbox"/> 10:00am - 11:00am</p> <p><input type="checkbox"/> 11:00am - 12:00pm</p> <p><input type="checkbox"/> 1:00pm - 2:00pm</p> <p><input type="checkbox"/> 2:00pm - 3:00pm</p> <p><input type="checkbox"/> 3:00pm - 4:00pm</p> <p><input type="checkbox"/> 4:00pm - 5:00pm</p>

PERSONAL DETAILS OF APPLICANT

Full Name:		Nickname (if any):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	(Year/Month/Date)
Place of Birth:		Citizenship:	
First Language:		Other Language(s):	
Home Address:			
Entrance Year:		Grade Applying for:	
Start Date:		Email Address:	

PERSONAL HISTORY OF APPLICANT

- Does your child have any known allergies? No Yes (If yes, please list allergies: _____)
- Does your child need regular medication? No Yes (If yes, what and when is it given? _____)



FAMILY DATA

Father's/Guardian's Particulars		Mother's/Guardian's Particulars	
Father's/Guardian's Name:		Mother's/Guardian's Name:	
Citizenship:		Citizenship:	
First Language:		First Language:	
Other Language(s):		Other Language(s):	
Telephone:		Telephone:	
Company Name:		Company Name:	
Position/Title:		Position/Title:	
Email Address:		Email Address:	
English Language Proficiency: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair		English Language Proficiency: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	

Information on the school the sibling(s) is/are currently attending:

	Name of Siblings	Gender	School	Age	Current Grade
1.					
2.					

PARENTAL AGREEMENT

1. I understand that ABC Pathways staff will take all reasonable steps to provide a safe environment for students in their care. In the event of any injury to my child or damage to the property of my child while he/she is participating in any educational activities arranged by the school, or while on the school premises or being transported to or from the school, I will not hold the school or any member of the school staff responsible.
2. I understand that ABC Pathways International Kindergarten holds the right to take video or photos of students and their parents in classes or during school outings. ABC Pathways International Kindergarten also holds the right to use those videos and photos for promotional purposes.
3. It is understood that when a student is accepted for enrollment in the school, the student and the parents agree to comply with the school rules and regulations.
4. It is understood that if a child is not well and it is necessary to keep him / her at home, the school should be informed by telephone of the illnesses on the first day of absence. This is especially important if the child has a communicable disease such as chicken pox. Absentees should submit a parent's / guardian's letter or medical doctor's letter to the School Office.
5. If my child needs to take any medication during school time, I must submit an authorized letter to the office with details of dosage and timings the medicines have to be administered.

Signature of Parents/ Guardians:

Date:
