



AVONDALE GRAMMAR SCHOOL

Application for Admission

For Official Use:

Date Submitted: _____

Enrolment Approved: Yes No

Date of Approval: _____

Student Year Level: _____

Home Teacher: _____

Start Date: _____

Please complete the form in BLOCK LETTERS.

| | | | | |
|----------------------------|---|---|----------------------------|---|
| Student Details | Name | | _____ | |
| | | Surname | First Name | Middle Name |
| | Date of Birth (dd/mm/yyyy) | ____ / ____ / ____ | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Country of Birth | | Nationality | |
| | Passport No. | | Place of Issue | |
| | Dependant Pass No. | | Student Pass No. | |
| | Singapore Contact Details | | | |
| | Address | _____ | | |
| | Telephone | _____ | | |
| | Home Country Contact Details | | | |
| | Address | _____ | | |
| | Telephone | _____ | | |
| | Sibling Details | | | |
| | Name | Gender | Date of Birth (dd/mm/yyyy) | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | ____ / ____ / ____ | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | ____ / ____ / ____ | | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | ____ / ____ / ____ | | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | ____ / ____ / ____ | | |

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|-----------------------|--------------------|--|--------------------|--|
| Parent Details | Father's Name | | | |
| | Occupation | | | |
| | Company Name | | | |
| | Company Address | | | |
| | Business Telephone | | Business Fax | |
| | Mobile Phone | | Nationality | |
| | Passport No. | | Dependant Pass No. | |
| | Email | | | |
| | Mother's Name | | | |
| | Occupation | | | |
| | Company Name | | | |
| | Company Address | | | |
| | Business Telephone | | Business Fax | |
| | Mobile Phone | | Nationality | |
| | Passport No. | | Dependant Pass No. | |
| | Email | | | |

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| Contact Consent Option | <p>The Parents Association wish to contact new parents to the school to welcome them and contact existing parents to update them on school activities and functions. Do you give permission for your contact details to be given to the Parents Association Committee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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|----------------------------------|---|---------------|--|------------|--|
| Emergency Contact Details | 1 | Name | | Mobile No. | |
| | | Telephone No. | | Office No. | |
| | 2 | Name | | Mobile No. | |
| | | Telephone No. | | Office No. | |
| | <i>In the case of emergency and you cannot be contacted, which is your preferred hospital?</i> | | | | |
| _____ | | | | | |

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| Billing Details | <input type="checkbox"/> Parents | |
| | <input type="checkbox"/> Parent's Company | |
| | <i>Please fill in the details of the company, if required</i> | |
| | Company Name | |
| | Company Address | |
| Attn To | | |

| Previous School Details | | Name of School | Country | From | To | Year/Grade Completed | Language of Instruction |
|-------------------------|---|----------------|---------|------|----|----------------------|-------------------------|
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |

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|-------------------------|---|--|--|
| Educational Information | 1 | Is your child fluent in English? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2 | Does your child have learning difficulties? Nature of difficulties _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 3 | Does your child have behavioural needs? Nature of behavioural needs _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 4 | Has your child ever been referred for assessment by a specialist (e.g. psychologist, speech therapist, etc)? <i>Please attach the specialist's reports</i> Type of report _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 5 | Does your child currently receive extra learning support or assistance? Nature of assistance _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 6 | Has your child been on an accelerated or gifted and talented program? Nature of program _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|----------------------------|-------|--|--|
| Medical Information | 1 | Does your child have any physical disabilities or medical conditions? <i>(If yes, please specify below)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | _____ | |
| | 2 | Does your child take any regular medication? <i>(If yes, please specify below)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | _____ | |
| | 3 | Does your child have any allergies? <i>(If yes, please specify below)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | _____ | | |
| | 4 | Does your child have difficulty hearing or with vision? <i>(If yes, please specify below)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | _____ | |
| | 5 | Do you have a Family Doctor in Singapore? <i>(If yes, please specify below)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Name | |
| | | Telephone No. | |
| | | Address | |

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| Academic and Extra-curricular Interest Details | 1 | What subjects does your child enjoy studying the most? |
| | | _____ |
| | 2 | What are your child's interests and hobbies? |
| | | _____ |
| | 3 | Do you have any other comments or information which could help us to understand your child's needs? |
| | | _____ |

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| Language Option | Please choose the second language you prefer your child to learn at Avondale Grammar School. <input type="checkbox"/> Mandarin <input type="checkbox"/> French |
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| Photograph Consent Option | Do you give consent to the school to use your child's photograph / video for the production of marketing material and approved activities for Avondale Grammar School only? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|---|

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|--------------------------|---|--------------------------|
| Marketing Details | How did you find out about Avondale Grammar School, Singapore (You may tick more than one box) | |
| | 1. Advertisement in | |
| | <input type="checkbox"/> Magazine <input type="checkbox"/> ANZA Magazine <input type="checkbox"/> Expat Magazine <input type="checkbox"/> Other Magazines <i>If others, please specify</i> _____ | <input type="checkbox"/> |
| | <input type="checkbox"/> Newspaper | <input type="checkbox"/> |
| | <input type="checkbox"/> Schools Guide | <input type="checkbox"/> |
| | <input type="checkbox"/> Internet | <input type="checkbox"/> |
| | 2. Word of mouth recommendation | <input type="checkbox"/> |
| | 3. Relocation Consultant <i>Please specify below</i> _____ | <input type="checkbox"/> |
| | 4. School Website | <input type="checkbox"/> |
| | 5. Others (please specify below) | <input type="checkbox"/> |
| | Please state why you chose Avondale Grammar School for your child/children? _____ _____ | |

Declaration and Agreement

All students must have immigration documents finalised prior to the start of their first day at school.

Payment of School Fees

The school fees are payable each term by the due date specified on the invoice. A non-refundable registration fee is payable with the application for enrolment. A deposit is payable to secure your child's place in the school and is refundable in accordance with the withdrawal policy. Initial school fees are payable seven days after receipt of invoice. Subsequent term fees are payable two weeks before start of term.

Withdrawal

A notice of withdrawal needs to be provided in writing to the Enrolments Department one full term before the student's departure. If a term's notice is not given, the refundable deposit will be forfeited.

Accident and Injury

All responsibility for accidents, injuries or loss of personal belongings remains with parents and guardians at all times.

I declare that the information I have provided is true, correct and relevant to my child's enrolment. The school reserves the right to reverse any decision regarding enrolments on the basis of incorrect information. I understand enrolment is conditional on the following:

- Abiding by the rules and the behavioural standards of the school
- Prompt payment of all school fees
- Holding a valid Dependant's or Student pass
- Ministry of Education approval (*for Singaporean students*)

I further understand that failure to comply with the requirements underlined above may result in the withdrawal of my child.

Father's Signature:

Date:

Mother's Signature:

Date:



AVONDALE GRAMMAR SCHOOL

Student Name: _____
Surname First Name

✓ Parent's Checklist

| | | |
|---|--|--------------------------|
| 1 | Enrolment Application Form (Completed and Signed) | <input type="checkbox"/> |
| 2 | Previous 2 Years School Reports (<i>if applicable</i>) | <input type="checkbox"/> |
| 3 | Student Medical Report/Immunisation Record | <input type="checkbox"/> |
| 4 | Photocopy of Student Passport, Birth Certificate and Identity Card | <input type="checkbox"/> |
| 5 | Photocopy of Parents' Passport and Identity Card | <input type="checkbox"/> |
| 6 | 2 Passport-Sized Photographs (Student) | <input type="checkbox"/> |
| 7 | Payment of Registration Fees | <input type="checkbox"/> |