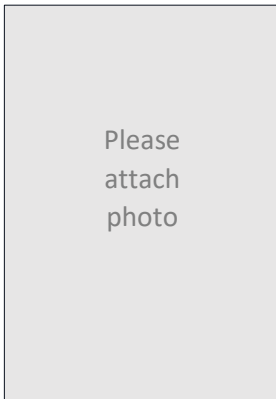


IMPACT FAMILY
INTERNATIONAL SCHOOL

STUDENT APPLICATION FORM

STUDENT INFORMATION

Anticipated Admission For					
<input type="checkbox"/> 2023 / 2024	<input type="checkbox"/> 2024/ 2025	<input type="checkbox"/> 2025 / 2026			
Anticipated Admission to Enter					
<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	
Anticipated Admission to Enter					
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December



Student Details				
Family Name (as shown in passport)		Given Name (as shown in passport)		Preferred Name (Nick Name)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (dd/mm/yy)		Nationality (if dual citizenship, please state)
Passport No.		Passport Expiry Date		Country of Birth
Race			Religion	
Immigration Status	Dependent Pass <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Singapore Citizen <input type="checkbox"/>	Student Pass Required <input type="checkbox"/>
*Please complete the details for your current pass	Fin No.	Re-entry Permit No.	Birth Certificate No.	Student Pass No. (if available)
	Expiry Date:	Expiry Date:		

Student Academic Information				
Primary Language Spoken at Home			Other Language Spoken (if applicable)	
School Name	Location	Grade	Dates Attended	Highest Level Completed

Sibling's Details			
Name	Gender	Date of Birth (dd/mm/yy)	Current School
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

Emergency Contact	
Emergency Contact Name	Emergency Contact Number
Relationship to Applicant	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	

Payment Details	
Invoice is to be paid by	
<input type="checkbox"/> Family <input type="checkbox"/> Company	
Billing Name	Tel
Billing Address	Postal Code

PARENT(S) OR LEGAL GUARDIAN DETAILS

Father's Details		Mother's Details	
Family Name		Family Name	
First Name	Middle Name	First Name	Middle Name
Nationality	Date of Birth	Nationality	Date of Birth
Tel (Home)	Mobile	Tel (Home)	Mobile
Email Address		Email Address	
FIN / NRIC No. / Passport *Passport only if FIN not available	Expiry Date	FIN / NRIC No. / Passport *Passport only if FIN not available	Expiry Date
Company Name		Company Name	
Occupation		Occupation	
Correspondence			
Applicant will be residing with <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Parents <input type="checkbox"/> Guardian			
Residential Address in Singapore			Postal Code
Guardian Details (if applicable)			
Family Name	First Name	Middle Name	Relationship to Applicant
FIN / NRIC No. / Passport *Passport only if FIN not available	Expiry Date	Tel (Home/Mobile)	Email Address

SUPPORTIVE INFORMATION

Student's Academic and Personal Information																
1. What areas of the school curriculum does your child enjoy or excel at? Please give details.																
2. Does your child have any learning / behavioural / social difficulties? Please give details.																
3. Has your child received any specific therapy or support in the last year? If yes, please provide details and attach relevant reports to your application.																
4. Has your child ever been suspended or withdrawn from a school for disciplinary reasons? If yes, please give details.																
5. Does your child have a medical condition the school should be aware of? (Allergies to any medicine, food, eg: Nuts, seafood, eggs) If yes, please provide details and attach any relevant reports to your application.																
6. English Proficiency (Please be informed that a child with minimal understanding of the English Language may be required to take English as an Additional Language (EAL) lessons, based in the teacher's recommendation.)	<table> <tbody> <tr> <td>Reading</td> <td><input type="checkbox"/> Excellent</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/> Poor</td> </tr> <tr> <td>Writing</td> <td><input type="checkbox"/> Excellent</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/> Poor</td> </tr> <tr> <td>Speaking</td> <td><input type="checkbox"/> Excellent</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/> Poor</td> </tr> </tbody> </table>	Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor												
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor												
Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor												
7. Please provide any additional information that your child's teachers should be aware of.																

Declaration

I declare that the information on this application form for my child to study at Impact Family International School is true and correct. I confirm that no false statement or misrepresentation has taken place.

I give permission to the school-authorized personnel to photograph students for school publications, including but not limited to the school newsletter, poster, website, etc. (Parents and Guardian are to initiate opt-out by using the Opt-out form if they do not wish their child/ward to be photographed).

I understand that my child will be required to take the Placement Test, including an oral/interview with the school, to officially confirm the entry level based on the test results. I hereby agree to accept the decision made by the school on my child's placement to be final. I also understand that the paid enrolment fee and registration fees will not be refunded if my child is unsuccessful in gaining entry.

I will not hold the school responsible should my child's application to study at Impact Family International School be rejected by either the Ministry of Education, Singapore or the Immigration & Checkpoints Authority.

Impact Family International School reserves the right to vary or reverse any decision regarding my child's admission or enrolment based on incorrect and incomplete information.

I hereby authorize the school's permission to drive my child/ward to the nearest medical centre/hospital for emergency treatment, and I understand that the school personnel will do his/her best to inform us as soon as possible. However, if none of the emergency contact names can be reached at the time of the emergency, I authorize the school medical personnel to proceed with all emergency treatment. I will not hold any Impact Family International School personnel liable for any accident resulting from any withheld medical information.

All students' data is strictly confidential and for internal use only unless it is requested by government agencies.

_____ Name of Parent / Guardian	_____ Signature	_____ Date
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