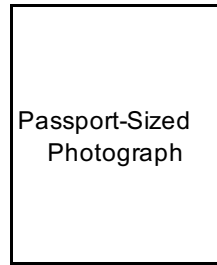




STSCC Ref No:     -   -



**INSTRUCTIONS**

- 1 Please provide all the information requested.
- 2 Application must be attached with photocopied copies of documents supporting the application.
- 3 Please paste a recent passport-sized photograph of child on the space provided.

**1A CHILD'S PARTICULARS**

Name : \_\_\_\_\_

Address 1 : \_\_\_\_\_

Address 2 : \_\_\_\_\_

Contact No : \_\_\_\_\_ (H) \_\_\_\_\_ (HP) \_\_\_\_\_ (Others)

**1. NRIC/Passport No:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**2. Citizenship**

<input type="checkbox"/>	Singapore Citizen
<input type="checkbox"/>	Singapore PR
<input type="checkbox"/>	Stateless
<input type="checkbox"/>	Others, please specify

**3. Date of Birth:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y			

**4. Sex**

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

**5. Race**

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Malay
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Eurasian
<input type="checkbox"/>	Others, please specify

**6. Religion**

<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	No religion
<input type="checkbox"/>	Taoism	<input type="checkbox"/>	Others, please specify
<input type="checkbox"/>	Islam		
<input type="checkbox"/>	Hinduism		
<input type="checkbox"/>	Christianity		

**7. Family Structure**

<input type="checkbox"/>	Nuclear Family	[Parents + Children]
<input type="checkbox"/>	Single Parent	
<input type="checkbox"/>	Blended Family	[ Family that includes step-parent(s) or step-sibling(s)]
<input type="checkbox"/>	Extended Family	[Grandparents + Parents + Children]
<input type="checkbox"/>	Multi-nuclear Family	[More than 1 nuclear family]

**8. House Type (Pls Circle)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDB 1 & 2 room Flat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDB 3 room Flat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDB 4 room Flat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDB 5 room Flat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDB Executive Flat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Housing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others, please specify

\* R : Rented P : Purchased O : Others

**1B HEALTH CONDITIONS**

Does your child have any significant medical history?

Yes

No

If yes, please specify and attach medical report :

\_\_\_\_\_

Is your child allergic to any food / medication?

Yes

No

If yes, please specify : \_\_\_\_\_

**1C EDUCATIONAL DETAILS**

Year	School	Class Teacher	Level	Session * AM / PM	Latest Exam Result (Passed / Failed)

**1D KNOWLEDGE OF LANGUAGES AND DIALECTS**

Written and Spoken	Written only	Spoken only
(eg: English and Malay)	(eg: English only)	(eg: Malay only)

**2 PARENT('S) / GUARDIAN('S) PARTICULARS**

Particulars	Father / Male Guardian		Mother / Female Guardian	
Name				
Relationship to Child				
Identity Card / Passport Number				
Race / Religion				
Nationality				
Highest Educational Qualification				
Occupation				
Name of Employer/ Place of Employment				
Monthly Gross Income				
Address (if not the same as child)				
Contact Number	Office :	Home :	Office :	Home :
	Email Address:	H/P :	Email Address:	H/P :

**3 HOUSEHOLD DATA**  
 (PLEASE INCLUDE ALL FAMILY MEMBERS STAYING TOGETHER)

S/N	NAME	RELATIONSHIP	SEX / AGE	OCCUPATION	NAME OF COMPANY	MONTHLY GROSS INCOME
1						
2						
3						
4						
5						
6						
7						
<b>TOTAL</b>						

**4 IN CASE OF EMERGENCY**

NAME OF CONTACT PERSON	RELATIONSHIP	CONTACT NUMBER
		Office : Home :
		H/P : H/P :
		Office : Home :
		H/P : H/P :

**5 OTHER INFORMATION**

- Has your child ever been cared for by anyone? \* YES / NO  
 If **YES**, give reason why it is not continued.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
- Was there any difficulty that you experienced in caring for your child? \* YES / NO  
 If **YES**, please specify.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
- Is child living and supported by his / her natural parents? \* YES / NO  
 If **NO**, please explain reason.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you a client of THK Family Service Centre @ Bukit Panjang - THK FSC? \* YES / NO  
If **YES**, give the name of your Social Worker.

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5. Are you a client of any Family Service Centre beside THK FSC @ Bukit Panjang? \* YES / NO  
If **Yes**, please indicate which FSC.

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6. Would you like us to refer you to THK Family Service Centre @ Bukit Panjang for assistance?

YES

NO

Please indicate assistance required:-

Counselling on Family Matters.

Financial assistance for children (eg.School Pocket Money Fund)

Other Matters: \_\_\_\_\_

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**If you have no requirement for any FSC services now but if in future you need any information, please do not hesitate to inform our Principal for help or you can also visit our THK Family Service Centre @ Bukit Panjang Blk 139, Petir Road #01-448, Singapore 670139 Tel: 67671740**

**6 DECLARATION**

I hereby declare that the information given by me in this Application Form is correct and true to the best of my knowledge.

I fully understand and accept that SUPER TALENT STUDENT CARE CENTRE @ BUKIT PANJANG has the absolute right to reject any application without providing any reason whatsoever.

\_\_\_\_\_  
Name and Signature of Parent / Guardian

\_\_\_\_\_  
Date

**7 FOR OFFICIAL USE**

**Recommended by Principal / Senior Teacher**

Accepted

Not Accepted  Reason(s) \_\_\_\_\_  
\_\_\_\_\_

Put on waiting list

*If accepted,*

Recommended fee payment : \_\_\_\_\_

SCFA Grant : \_\_\_\_\_

FSC Subsidy : \_\_\_\_\_

Starting Date : \_\_\_\_\_

Approved

Not Approved  Reason(s) \_\_\_\_\_

\_\_\_\_\_  
Super Talent Student Care Centre Principal/Snr Teacher  
Signature & Date

Official Receipt No. : \_\_\_\_\_

Payment Mode: \_\_\_\_\_

Description: \_\_\_\_\_



## SUPER TALENT STUDENT CARE CENTRE @ BUKIT PANJANG

## TRANSPORT ARRANGEMENT

1 CHILD'S PARTICULARS			
NAME :			
SCHOOL :			
CLASS :		SESSION : AM / PM *	
2 CHILD'S SCHEDULE			
APPROXIMATE TIME OF ARRIVAL : _____		APPROXIMATE TIME OF DEPARTURE : _____	
	Please tick appropriately		Please tick appropriately
TO BE BROUGHT BY PARENTS/GUARDIANS		TO BE FETCHED BY PARENTS/GUARDIANS	
CHILD ON HIS OWN		CHILD ON HIS OWN	
BY SCHOOL BUS (NO : _____ )		BY SCHOOL BUS (NO : _____ )	
BY PUBLIC TRANSPORT		BY PUBLIC TRANSPORT	
OTHERS		OTHERS	
<b>NOTE: Pick-Up from school (Bukit Panjang Primary School Only) - Mon to Fri (excluding Sat, Public Holidays, Sunday &amp; STSCC Closure Days) including CCA &amp; Remedial Class (according to our pick-up timing)</b>			
4 PARENT'S UNDERTAKING			
<p>4.1 MY CHILD _____ WILL REPORT TO THE CENTRE AND LEAVE THE CENTRE DAILY ACCORDING TO THE ARRANGEMENTS STATED.</p> <p>4.2 I UNDERSTAND THAT THE STAFF WILL NOT RELEASE MY CHILD FROM THE CENTRE WITHOUT MY CONSENT. I WILL THEREFORE PERSONALLY INFORM THE CENTRE'S STAFF IF MY CHILD:</p> <ul style="list-style-type: none"> <li>* WILL NOT BE REPORTING TO THE CENTRE</li> <li>* IS REQUIRED TO LEAVE THE CENTRE EARLIER OR REPORT TO THE CENTRE LATER; AND</li> <li>* WILL BE SENT TO / FETCHED FROM THE CENTRE BY OTHER RELATIVES OR FRIENDS</li> </ul> <p>4.3 SHOULD MY CHILD FAIL TO OBSERVE THE ARRANGEMENTS OR NOT REPORT TO THE CENTRE, I WILL BE RESPONSIBLE FOR LOCATING MY CHILD.</p>			
_____		_____	
NAME AND SIGNATURE OF PARENT / GUARDIAN		DATE	

\* Delete whichever is not applicable



## LETTER OF UNDERTAKING

I, \_\_\_\_\_, (NAME) \_\_\_\_\_ (NRIC No)  
parent /guardian of \_\_\_\_\_ (CHILD'S NAME)

will co-operate with the Super Talent Student Care Centre @ Bukit Panjang (STSCC @ BP) on  
pertaining to my pertaining to your child's welfare and agree to abide by the terms and conditions  
of the STSCC. (refer to Parent's Hand Book)

I allow my child to participate in all indoor and outdoor activities organised by the staff and volunteers.

I will not take any legal action against the staff and STSCC for any loss or injury while  
my child is in the STSCC or during the journey to and from STSCC.

I will keep the staff informed of the following:

- a) change in employment
- b) change in address
- c) any illness or allergy that my child has
- d) any problems/weaknesses that the child may have (if any)
- e) any other matters that may assist the STSCC staff in ensuring smooth  
running of the programme.
- f) one(1) month notice by writing if I wish to withdraw my child/children from STSCC

I have read and understood the Terms And Conditions stated above and agree to abide  
by them.

\_\_\_\_\_  
Name and Signature of Parent/Guardian

\_\_\_\_\_  
Date

WITNESSED BY :

\_\_\_\_\_  
Name and Signature of Principal

\_\_\_\_\_  
Date



NAME OF CHILD / WARD : \_\_\_\_\_

S/N	DESCRIPTION	*RECEIVED	*NOT RECEIVED	REMARKS
	<b>FORMS</b>			
1	APPLICATION FORM (Form 1)			
2	TRANSPORT ARRANGEMENT (Form 2)			
3	LETTER OF UNDERTAKING (Form 3)			
4	APPLICATION FOR SCFA GRANT (Separate Form)			
	<b>A COPY OF :</b>			
1	PARENTS' NRIC			
2	LATEST PAYSHEET(S) OF WORKING PARENT(S) / GUARDIAN(S)			
3	PARENTS' MARRIAGE / DIVORCE / DEATH CERTIFICATE			
4	LETTER OF CUSTODY (IF ANY)			
5	CHILD'S BC			
6	CHILD'S STUDENT PASS /LETTER OF ADMISSION FOR P1 STUDENT ONLY			
7	SCHOOL'S RESULT			
8	HEALTH BOOKLET : Medical Information from Parent(s)/Guardian(s) /School Health Service			
9	ORIENTATION CONDUCTED ON :			

\*Please tick accordingly

CHECKED BY

DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE