

Declaration & Agreement

I/We declare that the information on this application form is true and correct, and I/we understand that the school reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect information. I/we have declared all information which may be relevant to my child's enrolment.

I/we understand enrolment is conditional on the following:

- Genuine and full academic effort
- Prompt payment of all school fees and charges
- Good behavior
- Correct wearing of school uniform
- Compliance by the student/parents/guardians with all school policies
- Obtaining all necessary approvals as required by the Singapore Government

I/We further understand that my child's place in the school may be withdrawn for failure to comply with the requirements outlined above.

I/We understand that written notice must be forwarded to the Principal 45 school days prior to the withdrawal of your child(ren) from the school.

I/We agree to our child's photograph, image or samples of his/her work being used on the school website, school newsletters and any other publication approved for the school. These publications may be available for public distribution and may be used for promotion and publicity of the school.

I/We agree for our child to attend field trips, excursions, camps, outings or sporting events as organised by the school. If there are any additional costs associated with such events, I/we agree to pay these costs.

I/We agree that our child will use the technology facilities offered by the school in an appropriate manner. Access to email, websites or any technology facilities will be restricted or denied if the school perceives it to be necessary.

I/We declare that our child has been immunized against diphtheria and measles.

I/We agree to our/my handphone (mobile) number being added to the class contact lists for parent use only. It will not be distributed to any other parties.

FATHER'S SIGNATURE

DATE

MOTHER'S SIGNATURE

DATE

Correspondence Address

FOR MAIL (please tick) Home Father's Business Mother's Business

FOR INVOICES (please tick) Home Father's Business Mother's Business

FOR EMAIL (please tick) Father's Business Mother's Business

CONTACT NAME

Return Application To

ONE WORLD INTERNATIONAL SCHOOL

696 Upper Changi Road East

Singapore 486826

enrolments@owis.org

For Official Use

APPLICATION APPROVED

Yes No

SPECIAL CONDITIONS

Yes No

ACADEMIC YEAR OF ENTRY

NATURE OF CONDITION

GRADE LEVEL AT ENTRY

SIGNED BY HEAD OF SCHOOL

DATE



ONE WORLD INTERNATIONAL SCHOOL

696 Upper Changi Road East Singapore 486826 T. 65.6542.2285 F. 65.6542.8602 W. www.owis.org

APPLICATION FORM

Student's Particulars

NAME (as per passport)

FAMILY NAME

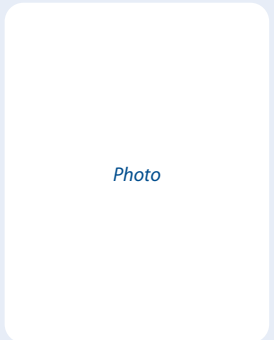
GIVEN NAMES

PREFERRED NAME

GENDER

Female

Male



GRADE LEVEL (please tick)

Nursery

Early Childhood 1

Full Day (8.45am-2.45pm)

Short Day (8.45am-1.00pm)

Nursery or EC1 is part time, please indicate preferred days:

M T W T F

Early Childhood 2

Grade 1

Grade 2

Grade 3

Grade 4

Preparatory

Grade 5

Grade 6

Grade 7

Grade 8

PROPOSED STARTING DATE OF ENROLMENT (dd/mm/yy)

DATE OF BIRTH (dd/mm/yy)

COUNTRY OF BIRTH

NATIONALITY

PASSPORT NUMBER

FIN NUMBER (Foreign Identification Number—issued with Employment Pass)

DOES THIS CHILD HAVE DUAL CITIZENSHIP?

Yes

No

IF YES, PLEASE LIST COUNTRIES OF DUAL CITIZENSHIP

Please note that Singapore Nationals of age 6 years and above will be eligible for a place in the school only if permission is granted by the Ministry of Education. We will help you with this process.

Visa Requirements

PLEASE INDICATE WHAT VISA YOUR CHILD IS CURRENTLY USING:

NRIC - Singapore Citizen

NRIC - Permanent Citizen

FIN - Dependant Pass

Student Pass

Social Pass

IF YOU ARE PLANNING TO MOVE TO SINGAPORE, PLEASE INDICATE WHICH VISA YOU WILL BE OBTAINING FOR YOUR CHILD:

FIN - Dependant Pass

Student Pass

Social Pass

Details of Child

CHILD'S FIRST LANGUAGE

OTHER LANGUAGE(S)

LANGUAGE(S) SPOKEN AT HOME

DOES YOUR CHILD HAVE LEARNING DIFFICULTIES?

Yes No

Nature of difficulty

DOES YOUR CHILD RECEIVE EXTRA LEARNING SUPPORT OR ASSISTANCE?

Yes No

Nature of assistance

DO YOU HAVE ANY SPECIALIST REPORTS (PSYCHOLOGIST, SPEECH THERAPIST, ETC) FOR YOUR CHILD?

Yes No

Type of report (Copy must be attached)

DOES YOUR CHILD HAVE BEHAVIOUR THAT MAY IMPACT UPON HIS/HER LEARNING OR THE LEARNING OF OTHERS?

Yes No

Nature of behaviour

HAS YOUR CHILD BEEN ON AN ACCELERATED PROGRAM OR IDENTIFIED AS GIFTED OR TALENTED?

Yes No

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES THAT THE SCHOOL SHOULD BE AWARE OF?

Yes No

Nature of condition

DOES YOUR CHILD REQUIRE ANY REGULAR MEDICATION?

Yes No

Nature of condition

NAME OF FAMILY DOCTOR

PHONE NUMBER

Details of Previous Schools *(most recent first)*

SCHOOL NAME

GRADES THAT YOUR CHILD WAS IN

PHONE NUMBER

EMAIL

STATE

COUNTRY

WHEN DID YOUR CHILD START AT THIS SCHOOL (dd/mm/yy)

WHEN DID YOUR CHILD LEAVE THIS SCHOOL (dd/mm/yy)

SCHOOL NAME

GRADES THAT YOUR CHILD WAS IN

PHONE NUMBER

EMAIL

STATE

COUNTRY

WHEN DID YOUR CHILD START AT THIS SCHOOL (dd/mm/yy)

WHEN DID YOUR CHILD LEAVE THIS SCHOOL (dd/mm/yy)

Family Particulars

SINGAPORE ADDRESS

HOME PHONE NUMBER

FATHER'S NAME (as per passport)

NATIONALITY

PASSPORT NUMBER

FIN NUMBER

OCCUPATION

COMPANY NAME

COMPANY ADDRESS

OFFICE PHONE

HANDPHONE

EMAIL

MOTHER'S NAME (as per passport)

NATIONALITY

PASSPORT NUMBER

FIN NUMBER

OCCUPATION

COMPANY NAME

COMPANY ADDRESS

OFFICE PHONE

HANDPHONE

EMAIL