



SHORT-TERM PROGRAMME APPLICATION FORM

School Visit Programme (1.5 Hours / Session)

- Singapore Education System Presentation
- SFMS Programme Presentation
- Screening of St Francis Corporate Video
- Q & A Session
- Campus Tour

APPLICANT INFORMATION

School/Company Name :

Current Address :

City :

Country / State :

ZIP Code :

Full Name of Main Contact Person (Mr / Ms / Mrs / Mdm / Dr) :

Tel :

Fax :

Email :

BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

School/Company Name :

Current Address :

City :

Country / State :

ZIP Code :

Full Name of Main Contact Person (Mr / Ms / Mrs / Mdm / Dr) :

Tel :

Fax :

Email :

PARTICIPANTS INFORMATION

Date of School Visit :

Preferred session (Please select one) :

Morning Session

Afternoon Session

Total no. of participants (Min. 20 pax) :

Please select & specify the no. of participants

Student : PAX

Teacher : PAX

Parent : PAX

Staff: PAX

Others
Please Specify :

Special Requirements (if any) :

OTHERS

Please attach the name list of participants and the photocopies of their passports.

TERMS AND CONDITIONS

- This application does not serve as an offer or confirmation to participate in the programme. The final confirmation will only be made upon the receipt of signed quotation and full payment.
- SFMS may propose an alternative date(s) should the requested date(s) be unavailable.
- Special requirements are not guaranteed and are subject to availability.

DECLARATION

I hereby declare that all the information furnished in this application are true and accurate, to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Should the school find any of the information to be false or misleading or misrepresenting, the application shall be rejected with immediate effect. The school reserves the right to request for additional documents and verify the authenticity of my application.

Signature of Applicant :

Date :

FOR OFFICIAL USE

Remarks :

Verified by :

Date :

Approved by :

Date :