



SHORT-TERM IMMERSION PROGRAMME APPLICATION FORM

Please complete all parts of this form in BLOCK CAPITALS. Incomplete application may result in a delay in processing.

PARTICULARS OF STUDENT				
Full Name As In NRIC / Passport : (Underline Surname)				
Date of Birth :	(DD / MM / YYYY)	Gender: M / F	Nationality :	
RESIDENTIAL STATUS				
<input type="checkbox"/> Singapore Citizen	NRIC / Birth Certificate No. :			
<input type="checkbox"/> Singapore PR	NRIC No. :	NRIC Expiry Date :		
<input type="checkbox"/> Foreigner	Passport No. :	Country of Issue :	Expiry Date :	
<input type="checkbox"/> Student Pass	<input type="checkbox"/> Social Visit Pass	<input type="checkbox"/> Dependent Pass	<input type="checkbox"/> Long-Term Social Visit Pass (LTVP)	<input type="checkbox"/> Not Applicable
FIN :	Pass Expiry Date :			
CONTACT DETAILS				
Address : (In Home Country)				
Address : (In Singapore)				
Tel (Home) :	Tel (Hp) :	Email :		
EDUCATIONAL HISTORY				
Last School Studied :		Highest Level Completed :		
MEDICAL HISTORY				
Do you have any food/drug allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please specify :		
Do you have medical conditions that require special attention/medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please specify :		
OTHER INFORMATION				
Name of Siblings Studying in SFMS (if any) :				
FATHER'S PARTICULARS				
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Singapore PR	<input type="checkbox"/> Foreigner	<input type="checkbox"/> Dependent Pass	<input type="checkbox"/> Employment Pass
Full Name as in NRIC / Passport (Underline Surname)				
Address	<input type="checkbox"/> Same as Applicant's Home Address		<input type="checkbox"/> Different from Applicant's Home Address (Please provide details below)	
Occupation				
Tel (Home)	Tel (Hp)	Email		
MOTHER'S PARTICULARS				
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Singapore PR	<input type="checkbox"/> Foreigner	<input type="checkbox"/> Dependent Pass	<input type="checkbox"/> Employment Pass
Full Name as in NRIC / Passport (Underline Surname)				
Address	<input type="checkbox"/> Same as Applicant's Home Address		<input type="checkbox"/> Different from Applicant's Home Address (Please provide details below)	
Occupation				



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Tel (Home)		Tel (Hp)		Email	
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PARTICULARS OF GUARDIAN / CONTACT PERSON IN SINGAPORE

<input type="checkbox"/> Singaporean	<input type="checkbox"/> Singapore PR	<input type="checkbox"/> Foreigner	<input type="checkbox"/> Dependent Pass	<input type="checkbox"/> Employment Pass	
Full Name as in NRIC / Passport (Underline Surname)					
Address					
Occupation					
Tel (Home)		Tel (Hp)		Email	

BILLING INFORMATION

Parent / School / Company:		
Address :		
City :	Country :	ZIP Code :
Full Name of Main Contact Person (Mr / Ms / Mrs / Mdm / Dr) :		
Tel :	Fax :	Email :

DECLARATION

1. Agree to abide the rules and regulations of the School at all times.
2. Attend classes punctually and every school day without fail, unless student can provide a medical certificate or other supporting document.
3. Understand that the Principal may require at any time the withdrawal of a student from the School for any cause judged by the Principal in her absolute discretion to be adequate.
4. Agree to make prompt payment of the Short-Term Immersion programme fees. In case of non-payment, student may not be allowed to attend the programme.
5. In the event that the student is unable to continue the programme due to any reasons, all fees paid for the programme will not be refunded.
6. Ensure validity of the social visit pass.
7. Agree to notify the School immediately if there is any change of address or contact numbers etc.
8. Consent to the applicant's (student) name and/or photo being used by the School for School's publicity purposes.
9. In the unlikely event of an accident, or loss or damage to my personal effects, the School will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the programme and I waive all and any claims against the School in this respect.
10. Consent to the applicant's (student) name and/or photo being used by the School for School's publicity purposes.

WE (APPLICANT / PARENT) HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE CLAUSES. WE DECLARE THAT ALL PARTICULARS GIVEN ON THIS APPLICATION FORM ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Signature of Applicant (Student)

Date:

Signature of Parent

Date:

Signature of Guardian

Date:

FOR OFFICIAL USE



**ST FRANCIS
METHODIST SCHOOL**

Possibilities to Realities
Where no one is left behind



Cert No : EDU-2-2028
Validity : 28/10/2015 - 27/10/2019

M-STP / 281015

Remarks :

Verified by :

Date :

Approved by :

Date :