

APPLICATION FOR ADMISSION

Submit completed form and required documents to:
International Community School (Singapore)
 27A Jubilee Road Singapore 128575
 Tel: +(65) 6776-7435 / Fax: +(65) 6776-7436
 email: admissions@ics.edu.sg
 www.ics.edu.sg



Please
attach
a recent
photograph
here

Student's Name: _____
SURNAME / FAMILY NAME, Given Name (as it appears on passport)

Date of Birth: _____ Applying for Grade: _____ Proposed Date of Entry: _____
Day - Month - Year Day - Month - Year

Home Address: _____ Postal Code (_____)

Contact Phone No: _____ Contact Email: _____

Admissions Checklist :

For Admissions Office / Initial:	Provide ALL documents listed below to the ICS Admissions Office:	Office Use only: Date Submitted
	<input type="checkbox"/> Completed Application for Admission	
	<input type="checkbox"/> Completed CPE Forms A & B: A) CPE Student Contract and B) Form 12 (Advisory Note)	
	<input type="checkbox"/> Copy of prospective student's passport	
	<input type="checkbox"/> Copies of prospective parents' passport	
	<input type="checkbox"/> Copy of Student Pass, Dependant Pass, E.O./Diplomatic Pass or proof of PR status <i>(Must be submitted to the ICS Admissions Office before student may begin class)</i>	
	<input type="checkbox"/> Recent passport size photo	
	<input type="checkbox"/> Complete school transcripts/report cards/records translated into English	
	<input type="checkbox"/> Physician's Examination Form, signed by doctor <i>(Must be submitted to the ICS Admissions Office before student may begin class)</i>	
	<input type="checkbox"/> Copy of immunization record or completed immunization form	
	<input type="checkbox"/> S\$3,000 Application Fee - (make cheques payable to : International Community School (S) Ltd.) <i>Applied, in full, toward the tuition fees for all accepted students; S\$200 Administration Fee is non-refundable under any circumstance</i>	

For Office Use Only:

Application Date Received: _____ Received By : _____

Application Fee : Cash Cheque # _____ Wire Transfer CPE Forms Date Submitted: _____

Valid Pass : PR DEP STP Dip MOE: sent _____ MOE Approved: _____ Acceptance status : _____

Grade Entering: _____ Principal's approval: _____

Student's Information :**APPLICATION FOR ADMISSION**
International Community School (Singapore)*(Please type or print using BLOCK Letters)*Legal Name: _____
SURNAME / FAMILY NAME, Given Name (as it appears on passport)Preferred Name: _____ Male FemaleLast Grade Completed: _____ Proposed Grade : _____ Proposed Enrollment Date: _____
Day Month YearCurrent Age: _____ Birth Date: _____ Country of Birth: _____
Day Month YearNationality: _____ Ethnicity: Asian Caucasian African Hispanic/Latin Eurasian Others: _____
(As required by the Singapore Government, pls. tick.)Passport Number: _____ Country: _____ Expiration Date: _____
Day Month YearMy child holds dual citizenship with Singapore: Yes NoMy child holds another passport from another country: Yes No* If **yes** to any of the above, please provide the following information:Passport Number: _____ Country: _____ Expiration Date: _____
Day Month YearMy child has a current: Singapore PR Dependant Pass Student Pass Exemption Order/DiplomaticFIN / NRIC Number: _____ Expiration Date: _____
Day Month YearLanguage(s) spoken at home: _____ Student Email (if any) _____
Please **underline** student's first (strongest) language**Educational History :**List the last three schools attended, beginning with the **most recent**:

Grade Level	Dates Attended	School	Address	School Curriculum	Language of Instruction

Academic Information :My child has repeated a grade: Yes No If **yes**, which grade(s): _____ (Please briefly explain why): _____My child has been suspended or expelled from school: Yes No **If yes, please explain:** _____My child has participated in the following: Accelerated program Gifted program Extra-curricular programs
 Resource/Learning Support Program Athletics, pls. specify: _____ Other: _____My child has been evaluated for an educational or psychological concern. (Attach Evaluations) Yes NoMy child has or has had an IEP, 504, or modified learning plan. (Attach Documents) Yes NoMy child has a medical condition that requires continuous medical care. Yes NoMy child uses a medical device. Yes NoMy child takes prescription medication for an ongoing condition. Yes No

If yes, please explain: _____

My child has (check all that apply): Learning Disability Dyslexia ADD/ADHD Learning Difficulty ASD
 Social, emotional, or behavioral difficulties Auditory Processing Difficulties Other: _____**If you answered yes to any of the above, provide us with additional information, including medical or clinical diagnosis from a licensed psychiatrist or medical doctor: (attach a separate sheet, if needed)** _____

Family Information :

Home Address: _____ Postal Code _____

Home Phone: _____ Primary Contact Email : _____

Father's Name: MR./DR./PROF., etc. _____
TITLE SURNAME GIVEN NAME (as it appears on passport)

Passport No: _____ Passport Country: _____

Company/Organization: _____

Occupation: _____ Email: _____

Work Address: _____

Work Phone: _____ Mobile Phone: _____

Mother's Name: MS./MRS./DR./PROF., etc. _____
TITLE SURNAME GIVEN NAME (as it appears on passport)

Passport No: _____ Passport Country: _____

Company/Organization: _____

Occupation: _____ Email: _____

Work Address: _____

Work Phone: _____ Mobile Phone: _____

Emergency Contact: _____
Name Relationship to Applicant Phone Number

Religious Affiliation/Denomination: _____

Local Church: _____ Active: Yes No

Siblings:

Name Grade/Age Current School Applying to ICS?

Name Grade/Age Current School Applying to ICS?

Name Grade/Age Current School Applying to ICS?

My child will be living in Singapore with: Father Mother Stepfather Stepmother Guardian

Guardian Information :

Students who are planning to live with guardians MUST be 13 years old or older

ICS parents who are not themselves living in Singapore must designate a responsible Singapore guardian whom the school can contact if necessary. This situation must be a home stay and not a hostel living arrangement. (Refer to the ICS guardian policy in handbook / website)

Name of Singapore Guardian: _____

Relation to Student: _____ NRIC/Fin # _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email Address: _____

Referral Information :

How were you referred to the International Community School?

Employer

Relocation Agency

Advertisement, *p/s. specify:*

Singapore American Newsletter

Expat Living Magazine

Other _____

Internet/Website

ICS Parent/Friend

Other: _____

Billing Information :

School Fees will be paid by:

<input type="checkbox"/> Parents/Guardian	<input type="checkbox"/> Company
Name:	Name:
Address:	Address:
Postal Code:	Postal Code:
Contact Person:	Contact Person:
Email Address:	Email Address:
Telephone:	Telephone:
Fax:	Fax:

Employer Type (please tick (✓) one):

- Business Education Government NGO Christian Mission
 Healthcare/Medical Embassy/Diplomat Military Other _____

Payments, Withdrawal and Refund Details are found in the CPE Student Contract & Advisory Note (to be read and signed by parent/s)

Withdrawal and Transfer Policy

I have read and had been explained to about the ICS Withdrawal and Transfer Policy.

Sign or Initial

Payments & Refund Policy

I have read and had been explained to about the ICS Tuition and Refund Policy.

Sign or Initial

Use and Disclosure of Personal Information

ICS is committed to maintaining the confidentiality of all information provided by you and undertakes not to divulge any of this information to any third party without your consent. We will not disclose any personal information without your consent unless otherwise authorized by law. ICS will not disclose any personal information to third parties for marketing purposes.

ICS Telephone Directory: Every year ICS publishes an ICS Telephone Directory which is made available to all parents of International Community School. The directory will list the name and grade of each student, the name(s) of the parent(s), the residential address, and home phone numbers. All other information will remain confidential. **Please tick (✓) if you DO NOT wish to be included in the ICS Telephone Directory**

Photograph or Videotape. ICS faculty and staff occasionally photograph or videotape students at school when they are participating in various activities. These are generally used for ICS publicity purposes, such as: school newsletters, brochures, fact sheets, program materials, annual reports, calendars, displays, videos, website, etc. Please note that no information is ever published/printed that would identify individual students. All personal information will remain confidential. **Please tick (✓) if you DO NOT wish your child/ren to appear in any ICS publication.**

To Be Signed By Parent / Guardian:

To the best of my knowledge, all information provided is true, complete and accurate. I understand that the falsification or withholding of any information may result in the immediate dismissal of my child from the International Community School of Singapore and the forfeiture and non-refunding of all fees.

Signature Over Printed Name (Parent / Guardian)

Signature Over Printed Name (Parent / Guardian)

Date: _____

Date: _____

OUR VISION

Transforming lives to impact the world
for the glory of God

MISSION STATEMENT OF INTERNATIONAL COMMUNITY SCHOOL

We are a caring community, committed to providing each student with a quality, holistic education that instills a biblical worldview, a love and respect for all cultures, a zeal for lifelong learning, and a passion for personal excellence.

ICS is a Member School of the
Network of International Christian Schools (NICS)
www.nics.org



Accredited by:
Association of Christian Schools International (ACSI)
Western Association of Schools and Colleges (WASC)
CPE Registration No: 199303918N
Registration Period: 06 July 2011-05 July 2014

Physicians Examination Form

A signed and completed form needs to be submitted to the ICS Admissions Office *BEFORE* the student may begin class. The school reserves the right to withhold a student from attending classes due to non-submission of this form.

International Community School (Singapore)

27A Jubilee Road, Singapore 128575
Tel. : +(65)-6776-7435
email: admissions@ics.edu.sg



Student's Name: _____ Grade: _____ Birth Date: _____
 Passport, FIN, or NRIC Number: _____ Country: _____
 Father's Name: _____ Mobile Phone: _____
 Mother's Name: _____ Mobile Phone: _____
 Emergency Contact: _____ Mobile Phone: _____
 Family Doctor: _____ Phone: _____

TO BE COMPLETED BY A GENERAL PHYSICIAN OR FAMILY DOCTOR:

Height :
 Weight :
 B/P :
 Pulse :

Please ✓ accordingly	Normal	Abnormal
Head		
Eyes		
ENT		
Dental		
Chest		
Abdomen		
Skin		
Spine		
Extremities		

Current Medication	Dosage	Purpose

Please ✓ accordingly	Yes	No
Chronic/recurrent illness		
Hospitalizations		
Surgery		
Injury treated by physician		
Organs missing		
Heat exhaustion/stroke		
Dizziness/fainting/headaches		
Convulsions/fits		
Wear glasses/contacts		
Dental caps/bridges/braces/plates		
Diabetes		
Cancer		
Seizures/convulsions		
Kidney disease/injury		
Concussion		
Asthma		
Problems with bladder/kidneys		
Problems with heart/murmurs		
Problems with spleen/liver		
Hernias/GI problems		
Recurrent skin problems		
Bone/joint injury		
Sprain/dislocation		
Bone fractures		
Hearing problems		
Vision problems		
Depression		
TB/PPD (+ or -)		

Explanation:

Physician Signature

Date

To Be Completed by Parents:

Allergy: _____ Type of Reaction: _____

Allergy: _____ Type of Reaction: _____

Allergy: _____ Type of Reaction: _____

Does any condition affect or limit your child’s participation in physical education classes, sports, or school trips?

Yes **No**

If **yes**, please explain:

Permission For Giving Medication For Minor Complaints

I give permission for my child to be given Panadol (paracetamol) for minor aches, menstrual cramps, and headaches.

Yes **No**

Permission For Emergency Treatment

In the event that I cannot be reached in an emergency, I give permission for my child to receive medical treatment, including transport to the most accessible hospital, as deemed necessary by school authorities.

Yes **No**

Immunization History

Please Fill in the Dates of Immunizations in this table **OR** submit a clear copy of your child’s immunization card / record

	First Dose	Second Dose	Third Dose	1st Booster	2nd Booster	3rd Booster
MANDATORY	Hepatitis B	Birth	2-4 months	6-18 months		
	Diphtheria	2-3 months	4 months	5-6 months	12-18 mos. Or 4-6 yrs.	11-12 years
	Tetanus					
	Pertussis OPV / IPV					
	Polio	2-3 months	4 months	5-6 months	12-18 months or 4-6 yrs.	
Measles	12-15 months	4-6 yrs. / SG: 6-7 yrs				
RECOMMENDED	Mumps					
	Rubella					
	Hepatitis A From 12 mos., 2 doses					
	Chicken Pox / Varicella >13 yrs: 2 doses / bet. 4-8 wks	12-15 months	4-6 years			
	BCG					
Typhoid						
Others:						

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE SCHOOL IN WRITING OF ANY CHANGES / UPDATES TO THE INFORMATION GIVEN IN THIS FORM.

Parent/Guardian Printed Name

Signature

Date