



INTERNATIONAL COMMUNITY SCHOOL OF SINGAPORE

27A Jubilee Road, Singapore 128575
Tel: (65) 6776-7435 Fax: (65) 6776-7436
www.ics.edu.sg

APPLICATION FOR ADMISSION

INSTRUCTIONS

Provide **ALL** documents listed below to the ICS Admissions Office:

- Completed Application for Admission
- Copies of prospective student's and parents' passport
- Copy of Student Pass, Dependent Pass, Diplomatic Pass **OR** proof of PR status
Must be submitted to the ICS Admissions Office before student may begin class
- Complete school transcripts/report cards/records (*Translated into English where applicable*)
- Recent passport size photo
- Physician's Examination Form with Immunization Record (*Pages 5-6*)
- S\$3,000 Application Fee

Applied, in full, toward the tuition fees for all accepted students; S\$200 Administration Fee is non-refundable under any circumstance

PLEASE PRINT USING BLOCK LETTERS FOR ALL INFORMATION

Student's Name: _____
Surname, Given Name (as it appears on passport)

Date of Birth: _____ Email Address: _____
Day Month Year

Applying for Grade: _____ Proposed Date of Entry: _____
Month Year

For Office Use Only: Application received: _____ Application Fee: Cash Cheque Wire Transfer

PR DEP STP App: sent _____ approved _____ MOE: sent _____ approved _____

Acceptance status: _____ Grade entering: _____ Principal's approval: _____

STUDENT INFORMATION

Please
attach
a recent
photograph
here

Legal Name: _____
Surname, Given Name (as it appears on passport)

Preferred Name: _____ Sex: Male Female

Last Grade Completed: _____ Anticipated Grade and Enrollment Date: _____
Grade Month Year

Current Age: _____ Birth Date: _____ Country of Birth: _____
Day Month Year

Nationality: _____ Ethnicity: Asian Caucasian African Hispanic/Latin Eurasian
 Others : _____
(As required by the Singapore Government)

Passport Number: _____ Country: _____ Expiration Date: _____
Day Month Year

My child holds dual citizenship with Singapore: Yes No

If **yes**, please provide the following information:

Passport Number: _____ Country: _____ Expiration Date: _____
Day Month Year

My child has a current: Student Pass Singapore PR Dependent Pass Diplomatic Pass

FIN/NRIC Number: _____ Expiration Date: _____
Day Month Year

Language(s) spoken at home: _____

Student's first (strongest) language: _____

EDUCATIONAL BACKGROUND

Please list the last three schools attended, beginning with the most recent:

1. _____
School Name Address

Dates Attended Grade Level(s) Language of Instruction

2. _____
School Name Address

Dates Attended Grade Level(s) Language of Instruction

3. _____
School Name Address

Dates Attended Grade Level(s) Language of Instruction

My child has repeated a grade: Yes No If **yes**, which grade(s): _____

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 program
 Athletics: _____ Other: _____

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 guardian policy listed on our web site.)

Name of Singapore Guardian: _____

Relation to Student: _____

Address: _____

Home Phone: _____ Hand Phone: _____

Email Address: _____

BILLING INFORMATION

Fees will be paid by:

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

Employer Type (please tick one):

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

Withdrawal Policy

Withdrawal from ICS for any reason must be transacted through the school office by the parent or guardian. A withdrawal form is to be completed, providing the school with forwarding contact information. All money owed the school must be paid before the withdrawal is complete and records can be released. **A fourteen-day (14-day) minimum of notice should be given prior to the withdrawal of any student.**

_____ Initial

Payments

Tuition fees are due on **1 August** for the first semester and **1 January** for the second semester. Cheques should be crossed and made payable to **“INTERNATIONAL COMMUNITY SCHOOL (SINGAPORE) LTD.”** Accounts with an unpaid balance at the end of a semester are subject to a 10% late charge on the remaining balance. **Students with unpaid balances at the beginning of the upcoming semester will not be allowed to start classes.**

Refund of Fees

No refund of school fees shall be granted unless ICS does not offer admission based upon educational program needs.

REFERRAL INFORMATION

How were you referred to the International Community School?

- Employer Relocation Agency Advertisement, *pls. specify:* Singapore American Newsletter
 Internet/Website ICS Parent/Friend Other: *please specify* Expat Living Magazine
_____ Other

**INTERNATIONAL COMMUNITY SCHOOL
PHYSICIAN'S EXAMINATION FORM***

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

TO BE COMPLETED BY A GENERAL PHYSICIAN OR FAMILY DOCTOR

Height: _____ Weight: _____ B/P: _____ Pulse: _____

Current Medication	Dosage	Purpose

	Normal	Abnormal		Normal	Abnormal
Head			Abdomen		
Eyes			Skin		
ENT			Extremities		
Dental			Spine		
Chest					

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

Explanation:

Physician Signature and Stamp

Date

***In case of emergency, this form is used to give your child the best medical care possible.**

TO BE COMPLETED BY PARENTS

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 immunization.

MANDATORY						
Diphtheria						
Tetanus						
Polio						
Measles						
Hepatitis B						
RECOMMENDED						
Pertussis						
Mumps						
Rubella						
Hepatitis A						
Typhoid						
Chicken Pox						
BCG						

It is the responsibility of the parent/guardian to notify the school in writing of any changes to the information given in this form.

Parent/Guardian Printed Name

Signature

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.

EXPECTED STUDENT OUTCOMES

ICS students will develop a knowledge and appreciation of God and His Word.

ICS students will appreciate the importance of practicing Biblical character qualities by:

1. Learning spiritual disciplines.
2. Following the model presented by their teacher.
3. Understanding the importance of Biblical authority and obedience.
4. Showing the fruit of the Spirit.

ICS students will demonstrate academic excellence by:

1. Developing higher level thinking skills.
2. Communicating with quality written and verbal skills.
3. Developing conflict resolution and leadership skills.

ICS students will understand their appropriate place as a unique creation of God by:

1. Appreciating other cultures.
2. Developing a godly self-image within a caring, stimulating environment.
3. Living an energetic, wholesome, productive life.



**A Member School of the
Network of International Christian Schools (NICS)**

Accredited by:
Association of Christian Schools International (ACSI)
Western Association of Schools and Colleges (WASC)
Registered with the Singapore Ministry of Education (MOE)