

APPLICATION FORM

Year of Admission: 2022

FOR OFFICE USE ONLY
Date Received & Staff's Initial

Points to note:

- a. Please submit the completed and endorsed application form to the first school of choice by **Wed 1 Dec 2021** with
- i. Recommendation or Student Information from the primary school's principal (attached Annex)
 - ii. PSLE result slip
 - iii. a photocopy of pupil's Birth Certificate (BC) or Citizenship Certificate or Re-Entry Permit (for SPR)
 - iv. SEAB Access Arrangement Application Outcome for PSLE, if any
 - v. Psycho-Educational reports, if any
 - vi. Transition reports from Allied Educators (if student has received support from the AEDs in primary school)
 - vii. 2022 MOE Financial Assistance Scheme (FAS) approval notification letter, if applicable
- b. If the 1st school of choice is Assumption Pathway School (**APS**), please fax to **6762 2857**.
If the 1st school of choice is NorthLight School (**NLS**), please fax to **6291 2423**.

Name: _____

(as in BC/NRIC/Passport)

BC/ FIN No: _____

(FIN No is applicable to International Students only)

1 **Choice:** Please tick (✓) accordingly. You can choose between **Assumption Pathway School (APS)** and **NorthLight School (NLS)**, or repeat PSLE.

1st Choice

 APS

 NLS

2nd Choice

 APS

 NLS

 Repeat PSLE

(Only for pupils who have attempted PSLE once or twice)

2 **Primary School Attended:** _____

3 **Number of times attempted PSLE** 1 2 3 time(s)

4 **Date of Birth:**

(D	D	M	M	Y	Y	Y	Y)

5 **Citizenship:** S'pore Citizen S'pore PR (To attach Re-Entry Permit/REP) Others (specify): _____

(To attach Student Pass or relevant document)

6 **Contact Address of Pupil:**

Blk/House No.: _____ Street: _____
Building name: _____ Unit: # _____ Postal: _____

7 **Contact Numbers:**

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Residential No. (Pupil)

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Handphone No. (Pupil)

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Handphone No. (Father)

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Handphone No. (Mother)

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Handphone No. (Guardian)

8 **Special Educational Needs:** eg ADD/ADHD, Dyslexic.

 No

 Yes

If 'Yes', please specify: _____

9 **Declaration by Parent/Guardian:**

I, _____ (NRIC / FIN: _____), declare that:

- a. I am aware that my child/ward will be offered his/her 2nd school of choice, if his/her 1st school of choice is not successful.
- b. I am aware that if my child/ward has attempted PSLE 1 time or 2 times, he/she will be required to repeat his/her PSLE if his/her application for either school (APS or NLS) is not successful.
- c. I declare that the information provided by me is true and accurate to the best of my knowledge.
- d. I understand that any false declaration will render me liable to appropriate action, including withdrawal from the course offered.

Signature of Parent/Guardian: _____

Date: _____

For students who have attempted **PSLE Once**, please provide
Recommendation By Primary School Principal

For students who have attempted **PSLE Twice/Thrice**, please provide
Student Information By Primary School Principal

Primary School: _____

Name of Student: _____ BC / Fin No: _____

Diagnosis: *(please tick, if any)*

If the student has any of the diagnosis, please attach the Psycho-Educational report with the application form.

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Autistic | <input type="checkbox"/> Dyslexic |
| <input type="checkbox"/> Intellectual Impairment | <input type="checkbox"/> Speech & Language Impairment | Attended lessons at DAS centre? |
| <input type="checkbox"/> Hard-of-hearing | <input type="checkbox"/> Others <i>(please indicate)</i> | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No |

Has the student received support from the Allied Educators (AEDs) in the primary school?

- Yes. Please attach the transition report from AEDs with the application form.
- No

Was the student given any SEAB Access Arrangement during PSLE?

- Yes. Please attach the SEAB Access Arrangement Application Outcome for PSLE with the application form.
- No

Overall attendance:	Primary 5	Primary 6
	<input type="text"/> %	<input type="text"/> %

Conduct:	<input type="text"/>	<input type="text"/>
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Recommendation* *(attempted PSLE Once)* / **Student Information*** *(attempted twice/thrice)*

Endorsed By: _____

Name & Signature of Principal Date

School Stamp: _____

Note: Incomplete information &/or failure to submit the required documents will delay the processing of application.

Verification by Primary School

This application form has been signed by

- a legal guardian of the student (Caregivers are NOT legal guardians)
- a proxy assigned by a legal guardian of the student (proxy form to be completed)
- others (in cases of unique circumstances e.g. legal guardian is not available)

Name & Signature of Year Head (P6) Date

PROXY FORM

Primary School: _____

This Proxy Form is to be used **ONLY if you nominate another adult to apply/register** your child/ward at Assumption Pathway School (**APS**) or NorthLight School (**NLS**) on your behalf.

This form may take you 5 minutes to fill in. Please take note of the following points when you fill in the form

Important Notes:

- 1) The appointed proxy must be aged 21 and above.
- 2) The appointed proxy is required to bring the completed Proxy Form and supporting documents as listed below to APS or NLS where the child is offered a place. The supporting documents are:
 - A photocopy of the parents' NRIC (both sides)
 - A photocopy of the proxy's NRIC (both sides)
- 3) The child/ward is required to be present at the registration.
- 4) The appointed proxy is required to produce his/her original NRIC at the school when requested.

To: Principal of Assumption Pathway School / NorthLight School

I, parent/guardian* of _____ (**Name of Child**)

_____ (BC /FIN No. of Child), would like to appoint

Mr/Mdm/Miss _____ (Name),

_____ (NRIC No.) to be the **appointed proxy** to apply/register my child/ward

at APS or NLS.

By appointing the proxy, I have authorised the person to act on my behalf without any reservations.

I will bear full responsibility if the proxy fails to perform any of the above as authorised by me.

Name of Father/Mother/Guardian*

Signature

Date

NRIC No.: _____

* Delete where inappropriate