



## APPLICATION FOR ADMISSION TO APSN SCHOOLS

### PLEASE READ THE FOLLOWING INSTRUCTIONS:

FOR APPLICATION TO APSN SCHOOL: COMPLETE FORM A ONLY.  
FOR APPLICATION TO CENTRE FOR ADULTS: COMPLETE FORM B ONLY.

### FORM A (COMPETE THIS FORM IF YOU ARE APPLYING FOR ADMISSION TO AN APSN SCHOOL)

Affix Photo

**Please ensure that you fill in all the blanks.**

#### PERSONAL PARTICULARS

Name of applicant (as in BC.) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender : \_\_\_\_\_

Country of Birth : \_\_\_\_\_

Citizenship : \_\_\_\_\_ Religion : \_\_\_\_\_

\* BC./NRIC/Passport No. : \_\_\_\_\_ Race : \_\_\_\_\_

Language (spoken) :  English  Mandarin  Malay  Tamil  Others: \_\_\_\_\_

Language (written) :  English  Mandarin  Malay  Tamil  Others: \_\_\_\_\_

#### EDUCATIONAL BACKGROUND

Name of current school/kindergarten : \_\_\_\_\_

Address/Contact No : \_\_\_\_\_

No. of Years attended : \_\_\_\_\_

Name of previous school attended (if any): \_\_\_\_\_

Number of years attended/ Highest standard attained : \_\_\_\_\_

FAMILY PARTICULARS

Father's Name (in Full) : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Citizenship : \_\_\_\_\_  
NRIC/Passport No : \_\_\_\_\_ Religion : \_\_\_\_\_  
Occupation : \_\_\_\_\_ Race : \_\_\_\_\_  
Salary(Gross per month) :  below 500  501- 1000 1001-2000 2001-3000  
 3001-4000 above 4001  
Marital Status :  Single  Married  Separated  Divorce  
Highest Qualification :  Primary  Secondary  A Levels/ Diploma/ ITE  
 Degree: Bachelors, Masters, Doctorate  
Home Address : \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Contact No. : \_\_\_\_\_(H)\_\_\_\_\_ (O)\_\_\_\_\_ (Hp)  
Email : \_\_\_\_\_  
Type of Accommodation :  HDB: Rental  HDB: 3/4/5 rms, Exec Private: \_\_\_\_\_  
Spoken Language at home :  English  Mandarin Malay Tamil  Others: \_\_\_\_\_  
  
Mother's Name (in Full) : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Citizenship: \_\_\_\_\_  
NRIC/Passport No : \_\_\_\_\_ Religion : \_\_\_\_\_  
Occupation : \_\_\_\_\_ Race : \_\_\_\_\_  
Salary(Gross per month) :  below 500  501- 1000 1001-2000 2001-3000  
 3001-4000 above 4001  
Marital Status :  Single  Married  Separated  Divorce  
Highest Qualification :  Primary  Secondary  A Levels/ Diploma/ ITE  
 Degree: Bachelors, Masters, Doctorate  
Home Address : \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Contact No. : \_\_\_\_\_(H)\_\_\_\_\_ (O)\_\_\_\_\_ (Hp)  
Email : \_\_\_\_\_  
Type of Accommodation :  HDB: Rental  HDB: 3/4/5 rms , Exec Private: \_\_\_\_\_  
Spoken Language at home :  English  Mandarin Malay Tamil  Others: \_\_\_\_\_

**If applicant is being taken care of by someone other than the parents, please fill in the following** (*Legal guardianship documents must be submitted together with this application form*)

Name of Current Care Provider : \_\_\_\_\_  
 NRIC/Passport No. : \_\_\_\_\_ Relationship : \_\_\_\_\_  
 Name of Legal Guardian : \_\_\_\_\_  
 NRIC/Passport No. : \_\_\_\_\_ Relationship : \_\_\_\_\_  
 Race : \_\_\_\_\_ Occupation : \_\_\_\_\_  
 Home Address : \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact No. : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Hp)  
 Email : \_\_\_\_\_

**Please list all siblings of applicant in order of birth and any other relatives staying with the family:-**

Name	Gender	D.O.B.	Relationship	Occupation
1. _____				
2. _____				
3. _____				
4. _____				

**Please tick the appropriate boxes and ensure that you answer all the questions.**

APPLICANT'S ACTIVITIES OF DAILY LIVING

*I-Independent L-Little Assistance S-Substantial Assistance D -Totally Dependant*

	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> D	Remarks (if any)
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing/Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

APPLICANT'S MEANS OF COMMUNICATION

Verbal       Written       Others (Please specify) \_\_\_\_\_

**MODE OF TRANSPORTATION**

How is the applicant expected to travel to school ?

- MRT                       Public Bus                       School bus  
 Private Car                       Others (Please specify): \_\_\_\_\_

**APPLICATION TO ANY OTHER SPECIAL SCHOOLS/ AGENCIES:**     YES     NO

If yes, please state name of school/ agency, contact person and number and the outcome of your application:

\_\_\_\_\_  
\_\_\_\_\_

**Check the appropriate boxes and provide brief description (on a separate sheet if necessary).**

1. Has the applicant been in trouble with the police/Law?     Yes     No  
(If yes, psychological report and/or social report should provide details)
  
2. Has the applicant suffered (or currently suffers) from serious medical/ psychiatric illnesses?     Yes     No  
(If yes, APSN medical Report and/or psychological report should provide details)
  
3. Has the applicant consumed on a regular basis large quantities of prescription/ illicit drugs and/or alcohol ?     Yes     No  
(If yes, APSN medical Report should provide details)
  
4. Has the applicant tried to harm himself/herself and/or others?     Yes     No  
(If yes, psychological report and/or social report should provide details)

**THIS SECTION IS TO BE COMPLETED BY EX-APSN CLIENT ONLY:**

Date joined APSN: \_\_\_\_\_ (mm/yy)    Date left APSN: \_\_\_\_\_ (mm/yy)

Reason/s for leaving APSN: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information given above is correct.

Name of parent / guardian \*    : \_\_\_\_\_

Signature & Date                      : \_\_\_\_\_

\* *Delete accordingly*

-END -