



Little Professors

REGISTRATION OF INTEREST FOR STUDENT CARE PLACEMENT

Your registration will only be considered when all fields are filled in. Please write "NA" if not applicable.

| STUDENT'S PARTICULARS: | |
|--|---|
| Name : | Year/Class : |
| Birth Cert No. : T- □□□□□□□□-□ | Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Date of Birth : (dd/mm/yyyy) | MOE FAS Recipient/Applicant: <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Citizenship : <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR | |
| Does the student have any special needs: <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify: | |
| Main caregiver after school: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Nil <input type="checkbox"/> Others. Please specify: | |
| Home Address : | |
| Number of people living at the same address: | |
| Housing Type : <input type="checkbox"/> HDB 1 room <input type="checkbox"/> HDB 2 room <input type="checkbox"/> HDB 3 room <input type="checkbox"/> HDB 4 room | |
| <input type="checkbox"/> HDB 5 room & larger <input type="checkbox"/> Condo <input type="checkbox"/> Private Flat & Landed | |

| STUDENT'S SIBLING IN THE SAME SCHOOL: | | | |
|--|--------|-----------------------------|------------------------------|
| STUDENT'S NAME: | CLASS: | APPLYING FOR STUDENT CARE: | |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

| MAIN APPLICANT'S PARTICULARS: | |
|---|-------------------------|
| Name (as in NRIC) : | NRIC/FIN No. : |
| Relationship to Student : | Occupation : |
| Job Title : | Highest Qualification : |
| Citizenship : <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner | |
| Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| Contact Number : (Mobile) (Office) (Home) | |
| Preferred Mode of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Email | |
| Residential Address : <input type="checkbox"/> Same as student <input type="checkbox"/> Different from student. Please specify: | |
| Company Name and Address: | |
| Email Address : | |

| MAIN APPLICANT'S SPOUSE PARTICULARS: | | | |
|--------------------------------------|---|--|--|
| Name (as in NRIC) | : | NRIC/FIN No. | : |
| Relationship to Student | : | Occupation | : |
| Job Title | : | Highest Qualification | : |
| Citizenship | : | <input type="checkbox"/> Singapore Citizen | <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner |
| Marital Status | : | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| Contact Number | : | (Mobile) | (Office) (Home) |
| Preferred Mode of Contact: | | <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Email | |
| Residential Address | : | <input type="checkbox"/> Same as student <input type="checkbox"/> Different from student. Please specify: | |
| Company Name and Address: | | | |
| Email Address | : | | |

| FINANCIAL ASSISTANCE (PLEASE TICK IF APPLICABLE): |
|--|
| <p>I wish to apply for the Student Care Financial Assistance (SCFA) Scheme. I acknowledge that my application and quantum of subsidy are subject to the Ministry of Social and Family Development's (MSF) approval. Student care subsidies are provided by MSF. The SCFA Scheme is available to families whose gross monthly household income does not exceed \$4,000 or gross per capita income not exceeding \$1,000. Please refer to http://app.msf.gov.sg/Assistance/ComCare-Student-Care-Subsidies for more information.</p> <input type="checkbox"/> |

| GROSS MONTHLY HOUSEHOLD INCOME: | |
|---|--|
| <input type="checkbox"/> \$2,500 and below | <input type="checkbox"/> \$10,001 - \$15,000 |
| <input type="checkbox"/> \$2,501 - \$4,000 | <input type="checkbox"/> \$15,001 - \$20,000 |
| <input type="checkbox"/> \$4,001 - \$5,000 | <input type="checkbox"/> \$20,001 - \$30,000 |
| <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> Above \$30,000 |

| DECLARATION: |
|---|
| <p>I declare that the information provided is true and undertake to forfeit my child/ward's enrolment should any of the information be found to be false.</p> |
| <p>_____</p> <p>Main Applicant's Name Main Applicant's Signature Date</p> |

| FOR OFFICIAL USE ONLY: |
|---|
| <p>Name of Staff: _____ Branch: _____ Date: _____</p> |