



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 (IF APPLICABLE):			
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

STUDENT INFORMATION:
Is the student currently enrolled in a student care? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state name of centre: _____ Please state reasons for withdrawal: _____
Has the student been enrolled in this or another Little Professors centre previously? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state centre: _____ Please state reasons for withdrawal: _____

FINANCIAL ASSISTANCE (PLEASE TICK IF APPLICABLE):
<input type="checkbox"/> 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.

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 (IF APPLICABLE):			
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 :			

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

DECLARATION:
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.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Main Applicant's Name </div> <div style="width: 30%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Main Applicant's Signature </div> <div style="width: 30%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>

FOR OFFICAL USE ONLY:
Name of Staff: _____ Branch: _____ Date: _____