



## APPLICATION FORM

Annex A

For Official Use only			
Date received	Registration No.	Receipt No.	Interview date/time
<b>Enrolment Detail (Tick one)</b>			
Level	Nursery AM <input type="checkbox"/>	K1 AM <input type="checkbox"/>	K2 AM <input type="checkbox"/>
	Nursery PM <input type="checkbox"/>	K1 PM <input type="checkbox"/>	K2 PM <input type="checkbox"/>
<b>SECTION I – Child's Particulars</b>			
Name (as in official document)		Chinese characters (if applicable)	
Date of Birth	Country of Birth	Identification No. (BC / UIN / Dep Pass)	
Gender	Race	Nationality	
Language(s) spoken at home			
First Language		Second Language (if any)	
Residential Address			
Block No.:	Street Name:		
Unit No.:	Building Name:		
Postal Code:	Home Tel No.:		
Health and Medical Information			
Dietary requirement * (School serves halal food)	Pure vegetarian (no meat, no egg, no dairy)	Ovo-vegetarian (no meat, no dairy)	Lacto-vegetarian (no meat, no egg)
	Others (specify):		
Any allergy condition?	Yes <input type="checkbox"/>	Allergy triggers:	
	No <input type="checkbox"/>		
Any medical condition/history?	Yes <input type="checkbox"/>	Please state (if any):	
	No <input type="checkbox"/>		
Child's Regular Physician	Clinic Name		
	Contact No.		



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Learning and Development			
Attending or had attended playgroup, nursery or kindergarten classes?	Yes	<input type="checkbox"/>	Please state (if yes):
	No	<input type="checkbox"/>	
Does child require special assistance in learning?	Yes	<input type="checkbox"/>	Please state (if yes):
	No	<input type="checkbox"/>	
SECTION II (A) – Parents' Particulars			
	Father	Mother	
Name (as in NRIC/EP/DP)			
NRIC No./ FIN No.			
Race			
Nationality			
Language Proficiency			
Occupation			
Highest Education Level			
Handphone No.			
Email Address			
Main Default Email Contact	<b>*Important:</b> All mass messaging From SK will be to this email		
SECTION II (B) – Legal Guardian's Particulars (in the absence of parents)			
Name (as in NRIC/EP/DP)		NRIC No./ FIN No.	
Race	Nationality	Occupation	
Handphone No	Email Address	Highest Education Level	
SECTION III - Emergency Contact (other than parents / guardian)			
Name of Contact		Relationship to Child	
Handphone No.		Home Tel No.	



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SECTION IV - ALUMNI INFORMATION			
Name of older alumni sibling(s) / parent(s)		Year graduated	
SECTION V - APPLICABLE TO SSA MEMBERS ONLY			
Organisation Information	Father	Mother	*Others:
Zone			
Chapter			
Position			
*Any other family members			

SECTION VI - DECLARATION	
<ul style="list-style-type: none"><li>I have read, understood and accepted the "Conditions for Enrolment".</li><li>I declare that all information given above is true and correct to the best of my knowledge.</li><li>I will undertake to inform the Kindergarten of any changes to the above information.</li><li>I have read and understood the following statements on data protection and privacy:</li></ul> <p>In compliance with the Personal Data Protection Act (PDPA), the personal data we [Soka Kindergarten] have obtained in this application will be used and disclosed by us solely for the purpose of providing you with the service you have applied for. The processing and maintenance of your personal data shall be in accordance with the Personal Data Protection Policy of Singapore Soka Association.</p> <p>Photographs and video records of the children in lessons and activities are the rights of Soka Kindergarten; and the Kindergarten reserves the rights to use them for school documentation and publicity purpose solely for our education objective.</p>	
Name	Relationship to Child
Signature	Date