

CONFIDENTIAL

COURSE APPLICATION FORM

Course Name:

<u>Preparatory Course for Singapore-Cambridge GCE NA / O / A Levels / Admission to Government Schools*</u> (Delete as required)

Please submit your Course Application Form together with the documents indicated on the <u>Documents Checklist</u> to the following address:

Inspire Education Centre Pte Ltd

50 East Coast Road, Roxy Square, #02-144, Singapore 428769

Email: prep@inspire.edu.sq Tel: 6345 3147

Please attach 1 recent passport size photograph with white background

(Please indicate your name and passport number on the reverse of the photo)

Terms and Conditions for Course Application

- 1. Course application does not constitute acceptance.
- 2. Course application fee paid is non-refundable.
- 3. All sections of this form are to be duly completed.
- 4. <u>Both</u> parents'/guardians' particulars are required even if the student is under the caretaking of single parentage/guardianship.

| STUDENT'S PARTICULARS | | | | | | | | |
|---|-------------------------------------|--------|--|---------|--------------|---------------|----------------|--|
| Student's Full Name (as in NRIC / Passport) : | | | | | | | | |
| Underline surname | | | | | | | | |
| Date of Birth: | | (DDMMY | YYY) A | Age: | | Gender: | Male / Female | |
| NRIC / Foreign Identifica | ation No. (If applicable) | Nation | Nationality: | | | | | |
| | | | ID type: ☐ Singaporean ☐ Singapore PR ☐ Others | | | | | |
| Pas | | | ort No. for | Interna | ational Stud | ent | | |
| Email Address: | Email Address: | | | | | | | |
| Address: | | | | | | | | |
| | | | | | | S(|) | |
| Mobile Phone: Home Telephone if any: | | | | | | | | |
| For Male Applicant Only (Note: SC / SPR liable for NS from 17.5 years old. Additional admin fees apply for NS deferment applications) | | | | | | | | |
| Have you completed National Service (NS)? ☐ Yes ☐ No ☐ Have you been deferred from NS before? ☐ Yes ☐ No | | | | | | | | |
| If no, enlistment date _ | If no, enlistment date// (DDMMYYYY) | | | | | | d when: | |
| Remarks: | | | | | | | | |
| PARENTS INFORMATION – Please indicate one parent as the primary contact | | | | | | | | |
| Father's Name (as in NRIC / Passport): | | | | | | | | |
| Primary Contact? Tick if applicable ☐ Yes | | | | | | | | |
| Nationality: | | | ID type | e: 🗆 | Singapore | e Citizen | ☐ Singapore PR | |
| NRIC / Passport No. | | | | | Others (p | lease specify | ·) | |
| Address:(if different | | | | | | | | |
| from student's) S() | | | | | | | | |
| Email Address: Mobile Phone: | | | | | | | | |



CONFIDENTIAL

COURSE APPLICATION FORM

| Mother's Name (as | s in NRIC / Passport): | | | | | | |
|---|----------------------------|------------------|---------|------------|-----------------|-----------------------|--|
| Primary Contact? | ick if applicable ☐ Yes | | | | | | |
| Nationality | | | ID type | : Singapo | ore Citizen | ☐ Singapore PR | |
| NRIC / Passport No. | | | | □ Others | (please specify |) | |
| Address: (if differer | ıt | | | | | | |
| from student's) | | | | | S(|) | |
| Email Address: | | | | Mobile Pho | ne: | | |
| GUARDIAN INFO | RMATION (if applicab | le) | | | | | |
| Guardian's Name | (as in NRIC / Passport): | | | | | | |
| Primary Contact? | ick if applicable ☐ Yes | | | | | | |
| Guardian's Name | (as in NRIC / Passport) Ur | nderline surname | | | | | |
| Nationality | ationality | | ID type | : Singapo | ore Citizen | ☐ Singapore PR | |
| NRIC / Passport No. | | | | | (please specify |) | |
| Address: (if differer | ıt | | | | | | |
| from student's) | | | | | S(|) | |
| Email Address: | | | | Mobile Pho | Mobile Phone: | | |
| STUDENT'S EDU | CATIONAL BACKGR | OUND | | | | | |
| Level | Name of School | | | From | То | Highest Educational | |
| | (Specify country if not Si | ingapore) | | MM/YYYY | MM/YYYY | Qualification / Level | |
| Primary | | | | | | | |
| Primary | | | | | | | |
| Secondary | | | | | | | |
| Secondary | | | | | | | |
| Post-Secondary | | | | | | | |
| Post-Secondary | | | | | | | |
| Others | | | | | | | |
| Obtained a pass in English? Yes / No | | | | | | | |
| Other Information | | | | | | | |
| How did you get to know about Inspire Education Centre? Select all that applies. | | | | | | | |
| ☐ Flyer ☐ Friends ☐ Relatives ☐ Sibling/friend has studied in this school ☐ Others | | | | | | | |
| Internet: ☐ Facebook / Instagram * ☐ Google Ad ☐ Google Search ☐ Online news article ☐ CPE private school listing | | | | | | | |



CONFIDENTIAL

COURSE APPLICATION FORM

Voluntary Medical Condition, Learning Difficulties or Other Special Needs Disclosure Declaration INSPIRE welcomes students with learning difficulties and medical conditions. To help us make arrangements that will better suit you, you may wish to provide information on your or your child's condition or needs (medical, behavioral, emotional and other issues) that might affect the student's life at INSPIRE. The information provided will be kept confidential and will only be shared with staff who will be working directly with you. Your response is required for this section. □ Not applicable. □ No, I do not wish to disclose. Please proceed to page 5 of the Course Application Form - Declaration ☐ Yes, I will like to inform INSPIRE of my or my child's condition or needs. Please proceed to answer the guestions below: 1) a) Do you have any condition that will require special facilities or affect your studies in any way? Eg. Colour blindness, eczema, asthma, dyslexia, autism spectrum, ADHD etc ☐ Yes ☐ No ☐ Not Applicable Please state briefly: Please attach relevant documentation (eg. Doctor's memo/ letter or medical report) b) If Yes, are you currently under any medical treatment? ☐ Yes ☐ No 2) a) Have you received any psychological care? ☐ Yes ☐ No ☐ Not Applicable If Yes, please state period of care: Duration _____ months (From _____ (MM/YYYY) to _____ (MM/YYYY) Please state condition briefly: Please attach relevant documentation (eg. Doctor's memo/ letter or medical report) b) If Yes, are you currently under any medical treatment? ☐ Yes ☐ No If Yes, please state frequency of consultation? 3) If you answered Yes to questions 1 or 2, do you require any access or special arrangement for your GCE examination? ☐ Yes ☐ No If Yes, please provide relevant documentation and access requests to the Administrator. All documentation must be submitted by 20 March of the year of examination. 4) Were you asked to leave another school / educational institution / learning centre / tuition centre? ☐ Yes ☐ No ☐ Not Applicable If Yes, please provide more information:



CONFIDENTIAL

COURSE APPLICATION FORM

| 5) Are you currently required to attend any court hearing or are you on probation? | | | | | |
|---|------------------------|--|--|--|--|
| ☐ Yes ☐ No ☐ Not Applicable | | | | | |
| If Yes, please provide more information: | | | | | |
| | | | | | |
| | | | | | |
| 6) Have you been fully vaccinated for COVID-19? | | | | | |
| □ Yes □No | | | | | |
| If No, please provide more information: | | | | | |
| | | | | | |
| | | | | | |
| 7) Is there any pertinent information that INSPIRE needs to be aware of with regards to the above men | itioned condition(s)? | | | | |
| □ Yes □No | | | | | |
| If Yes, please specify: | | | | | |
| | | | | | |
| | | | | | |
| Declaration | a boot of my knowledge | | | | |
| I declare that all the information given by me in this application is true and correct to the best of my knowledge. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Date | | | | |
| Student's Name (as in NRIC): | | | | | |
| | | | | | |
| | | | | | |
| Parent/Guardian Signature if under 21 years of age | Date | | | | |
| Parent/Guardian's Name (as in NRIC): | | | | | |
| | | | | | |



CONFIDENTIAL

COURSE APPLICATION FORM

Declaration

- 1. By completing your registration, you acknowledge that you have read and accept the following policies that will apply during your / your child's / ward's studies with Inspire Education Centre Pte Ltd.
 - Withdrawal Policy
 - Refund Policy
 - Course Subject Change Policy
 - Privacy Policy

These policies can be found on our website on www.inspire.edu.sg.

- 2. I certify that all the information given by me in this application is true and correct. I understand that any misrepresentation or omission of information will render this application invalid and my enrolment may be suspended or withdrawn and that, if admitted on the basis of such information, or I may be withdrawn from the course.
- 3. I hereby consent to the collection, use, retention and disclosure of the personal information appearing in this document, as well as personal information about my child/ward in accordance with Inspire Education Centre's Privacy Policy made available on www.inspire.edu.sg
- 4. I acknowledge that the personal information may be handled for the purposes of contacting me regarding this course, of providing service to you including, but not limited to: billing, fee collecting and debt recovery; monitoring and informing you of upcoming events, administrative notices or communications applicable to you; planning, monitoring and enhancing the provision of courses; communicating, monitoring, evaluating and maintaining records of academic progress and attendance, registering for examinations, applying for bus concession card and National Service deferment with the applicable agencies.
- 5. Late Entry Admission Policy I hereby understand that late Course entry is only available on the 10th of every month till 10 March, 2022. Late entry fees apply from 10 February, 2022 and admission will be considered on a case by case basis. There will not be any make up of classes in the event of late entry.
- 6. I declare that I am able to make appropriate arrangements to fund the full cost of my studies.

| 7. I understand that I will be required to complete the matriculation process within 3 working da commencement. | | | | | | |
|---|--|------|--|--|--|--|
| | tudent's Signature tudent's Name: | Date | | | | |
| | arent/Guardian Signature if under 21 years of age arent/Guardian's Name: | Date | | | | |



Signature & Name:

CONFIDENTIAL

COURSE APPLICATION FORM

DOCUMENTS CHECKLIST

(Please bring along original for verification purpose)

| Docum | Original Sighted | | | | | |
|-------------------------|---|----------------------|----------|--|--|--|
| 1. | 1. 1 recent colour passport-sized photograph (taken within last 3 months with white background) | | | | | |
| 2. | 2. NRIC or Passport | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | 5. Parents Passport (If parent is foreigner) | | | | | |
| 6. (eg No in E | | | | | | |
| 7. | | | | | | |
| For Office Use Only | | | | | | |
| Management Approval | | | | | | |
| | | ☐ YES | □ NO | | | |
| Studen | t meets minimum entry requirements? | If No, state remarks | | | | |
| Approv | e for Admission? | ☐ APPROVE | □ REJECT | | | |

Date: