

COURSE APPLICATION FORM

Course Name:

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

Please attach 1
recent passport
size photograph
with white
background

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

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

Inspire Education Centre Pte Ltd

50 East Coast Road, Roxy Square 1, #02-46, Singapore 428769

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

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. Both 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:	____/____/____ (DDMMYYYY)	Age:		Gender:	Male / Female
NRIC / Foreign Identification No. (If applicable)		Nationality: _____			
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div>		ID type: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others _____			
		Passport No. for International Student _____			
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been deferred from NS before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, enlistment date ____/____/____ (DDMMYYYY)		If yes, number of times(s) deferred and when:			
Remarks:					
PARENTS INFORMATION – Please tick ✓ to indicate one parent as the primary contact					
Father's Name (as in NRIC / Passport) :					
Primary Contact? Tick if applicable <input type="checkbox"/> Yes					
Nationality:		ID type:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR		
NRIC / Passport No.			<input type="checkbox"/> Others (please specify)		
Address: (if different from student's)					
	S()				
Email Address:		Mobile Phone:			

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Mother's Name (as in NRIC / Passport):				
Primary Contact? Tick if applicable <input type="checkbox"/> Yes				
Nationality		ID type:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR	
NRIC / Passport No.			<input type="checkbox"/> Others (please specify)	
Address: (if different from student's)	S()			
Email Address:		Mobile Phone:		
GUARDIAN INFORMATION (if applicable)				
Guardian's Name (as in NRIC / Passport):				
Primary Contact? Tick if applicable <input type="checkbox"/> Yes				
Guardian's Name (as in NRIC / Passport) Underline surname				
Nationality		ID type:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR	
NRIC / Passport No.			<input type="checkbox"/> Others (please specify)	
Address: (if different from student's)	S()			
Email Address:		Mobile Phone:		
STUDENT'S EDUCATIONAL BACKGROUND				
Level	Name of School (Specify country if not Singapore)	From MM/YYYY	To MM/YYYY	Highest Educational 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.				
<input type="checkbox"/> Flyer <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Sibling/friend has studied in this school <input type="checkbox"/> Others _____				
Internet: <input type="checkbox"/> Facebook / Instagram * <input type="checkbox"/> Google Ad <input type="checkbox"/> Google Search <input type="checkbox"/> Online news article <input type="checkbox"/> CPE private school listing				

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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 questions 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:

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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 mentioned condition(s)?

☐ Yes ☐ No

If Yes, please specify:

Declaration

I declare that all the information given by me in this application is true and correct to the best of my knowledge.

Student's Signature
Student's Name (as in NRIC):

Date

Parent/Guardian Signature if under 21 years of age
Parent/Guardian's Name (as in NRIC):

Date

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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 PolicyThese policies can be found on in the student handbook and on the website <https://inspire.edu.sg/prep-home>
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 <https://inspire.edu.sg/prep-privacy-policy/>
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 8th of every month till 7 May, 2024. Late entry fees apply from 8 February, 2024 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 days of the course commencement.

Student's Signature

Date

Student's Name:

Parent/Guardian Signature if under 21 years of age

Date

Parent/Guardian's Name:

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DOCUMENTS CHECKLIST

(Please bring along original for verification purpose)

Document Required	Original Sighted
1. 1 recent colour passport-sized photograph (taken within last 3 months with white background)	<input type="checkbox"/>
2. NRIC or Passport	<input type="checkbox"/>
3. Dependent Pass or Long Term Visit Pass (if any)	<input type="checkbox"/>
4. Parents identification (Identity card, Employment Pass/Work Permit, if any) *	<input type="checkbox"/>
5. Parents Passport (If parent is foreigner)	<input type="checkbox"/>
6. Education Certificates and Result Transcripts (eg. PSLE, GCE N, O, A Levels, or other school result transcripts) Note: 1) If a certificate is not provided or lost please provide a letter of declaration. 2) Notarised translation of Highest Education Certificate and Result Transcripts are required if not in English.	<input type="checkbox"/>
7. Birth Certificate/Birth Extract (If Applicable)	<input type="checkbox"/>
8. Doctor / psychology / psychiatrist or Singapore Dyslexia Association letter (if applicable) for Access Arrangements for the GCE exams	

For Office Use Only

<u>Management Approval</u>	
Student meets minimum entry requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, state remarks
Approve for Admission?	<input type="checkbox"/> APPROVE <input type="checkbox"/> REJECT
Signature & Name:	Date: