

APPLICATION FORM

For Office Use:

Pupil Code

ACADEMIC YEAR OF ENTRY (please ✓ one)

2018 - 19 2019 - 20 2020 - 21 2021 - 22

TERM OF ENTRY (please ✓ one)

Term 1 (Aug) Term 2 (Oct) Term 3 (Jan) Term 4 (Apr)

STUDENT PROFILE

PERSONAL DETAILS

Full Name (as in passport) _____ Please underline the family name

At Nexus, students often have a name that they prefer to be called in class by their teachers. Also some have a family name that is different from that on their passports. These alternative names are the ones that teachers recognise and call the student by and are used in lists and reports. They are also the names that make up the student's email address which is used across many systems as their unique username. For administrative reasons this does not change once they are enrolled and we would like you to give some careful thought now about what you want them to be called by their teacher, and if you want them to use a different family name (surname). Please indicate these in the spaces below (even if they are the same as on the passport) as it will help avoid confusion if we cannot identify the family and given names from the passport.

Example: Given Name: **Xin**; Family Name: **Cai**; Preferred Name: **Jack**; Preferred Family Name: **Cai**; School Email Address: **jack.cai.27@nexus.edu.sg**

Preferred Name Preferred Family Name

Gender Male Female Date of Birth / / Passport Number _____

Place of Birth _____ Passport Country _____ Nationality _____

Address in Singapore during term time (if known at the time of application, otherwise leave blank).

_____ Postcode _____

Living with (during term time) Parents Guardian Hostel Alone

Current pass holder? No Yes FIN/NRIC No. Expiry Date / /

Pass type? (Please indicate the type of pass you have or the type you will be applying for)

Dependant's Pass (DP) Student's Pass (STP) Singapore (PR)
 Diplomatic Exemption Singapore (MOE) Letter of Consent (LoC)

PREVIOUS SCHOOL BACKGROUND (most recent at top)

NAME OF SCHOOL	COUNTRY	YEAR /GRADE	DATES ATTENDED (from/to)	EXPERIENCE STUDYING IN ENGLISH		CURRICULUM (e.g. British, IBPYP etc)
				LANGUAGE OF INSTRUCTION*	WITH EXTRA SUPPORT	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	

*If not English, please submit details to Student Services of how and where English has been learnt.

ADDITIONAL ACADEMIC INFORMATION

Please answer ALL questions. Has your child ever:

Been advanced a year/grade or been retained? No Yes _____
 Been in a gifted and talented or honours programme? No Yes _____
 Been evaluated for a learning need/challenge? No Yes _____
 Been the subject of a specialist report/intervention/assessment? No Yes _____
 Received extra help/tuition during the school day? No Yes _____
 Experienced social, emotional or behavioural difficulties? No Yes _____
 Had additional assessment support in an exam situation? No Extra time Scribe Word processor Separate invigilator

If yes to any of these questions, please give more detail.

Please provide a copy of any reports/assessments with your application.

LANGUAGE INFORMATION

Is English your child's first language? Yes No

Other languages spoken at home (in order of proficiency) _____

Foreign Language you would like your child to learn at school (please ✓ one) Mandarin French

If your child has studied this language previously, how many years experience does s/he have? _____

SIBLING INFORMATION

NAME	SCHOOL ATTENDING	DOB
		dd/mm/yyyy
		dd/mm/yyyy
		dd/mm/yyyy

CONTACT INFORMATION You must provide a minimum of two contacts. The School must be notified of changes to these details as we must be able to contact you in case of an emergency. If there are additional contacts please inform Student Services after enrolment.

Please list in order of priority (Contact 1 will be the emergency contact)

CONTACT 1 – This contact must be resident in Singapore

Contact Name (as shown in passport) _____
Please underline your family name

Relationship to the student _____ Gender Male Female Title Mr Mrs Ms Dr Other _____
tick one only

Email _____ Type Work Personal
tick one only

Singapore Mobile +65 _____ Other Telephone + (____) _____ Mobile Landline

Residential Address (if known at the time of application, otherwise leave blank) _____

Country **SINGAPORE** Postcode _____ tick if this is student's term time address

Is this contact a fluent English speaker? Yes No If no, state the native language _____

Does this contact need a translator? Yes No

CONTACT 2

Contact Name (as shown in passport) _____
Please underline your family name

Relationship to the student _____ Gender Male Female Title Mr Mrs Ms Dr Other _____
tick one only

Email _____ Type Work Personal
tick one only

Singapore Mobile +65 _____ Other Telephone + (____) _____ Mobile Landline

Residential Address _____

Country _____ Postcode _____ tick if this is student's term time address

Is this contact a fluent English speaker? Yes No If no, state the native language _____

Does this contact need a translator? Yes No

CONTACT 3

Contact Name (as shown in passport) _____
Please underline your family name

Relationship to the student _____ Gender Male Female Title Mr Mrs Ms Dr Other _____
tick one only

Email _____ Type Work Personal
tick one only

Singapore Mobile +65 _____ Other Telephone + (____) _____ Mobile Landline

Residential Address _____

Country _____ Postcode _____ tick if this is student's term time address

Is this contact a fluent English speaker? Yes No If no, state the native language _____

Does this contact need a translator? Yes No

Which contact is responsible for signing the contract? (please one) Contact 1 Contact 2 Contact 3

Which contact is responsible for paying the fees? Contact 1 Contact 2 Contact 3 Other _____

Tick one only. If a company is paying the fees please fill out a company payment form. If there is more than one fee payer please contact Student Services.

Are the parents living together? Yes No

Is there anything important that we need to know about family relationships or legal/custody arrangements?

WELLBEING

HEALTH HISTORY

Please provide details if your child suffers from any of the following:

- Asthma Epilepsy Diabetes
 Heart Condition Hearing / Vision Deficit My child does not suffer from any of these conditions
 Other medical conditions _____

You may be contacted by our School Nurse or the Class Teacher if there are any specific requirements which need to be discussed, such as access to medication during the school day.

IMMUNISATION & VACCINATION HISTORY

You are required to submit a copy of your child's immunisation history/vaccination record together with this form.

ALLERGIES

Please list all triggers and reactions: _____

Does your child require an EpiPen? Yes No

Does your child require any other medication for their allergies? (please list) _____

MEDICATION

Is your child on any regular medication? Yes No

If Yes, please list the medication, dose and reason: _____

OTHER INFORMATION

HOW DID YOU HEAR ABOUT US?

- Education Fair Internet Search Online Ad Advertising Recommended by a friend
 Magazine Staff Referral Agent Referral Relocation Company/HR

Please elaborate, if possible: _____

WHY NEXUS?

Why did you choose Nexus? _____

Have you applied for a place in another international school in Singapore? Yes No

If Yes, which school/s? _____

What is the likely duration of your stay in Singapore? _____

CONTACT PERSON AT MOST RECENT SCHOOL ATTENDED

We may need to contact the child's most recent school/kindergarten for reference or testing.

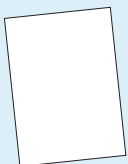
Please indicate whether the current school is aware of this possible move: Yes No

Name _____ Position _____ Telephone + (___) _____

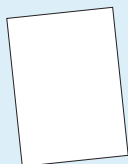
School Name _____ Email _____

The School reserves the right, and the parent hereby authorises the School, to contact the previous school, or such medical officers or other relevant persons, any for further information required relating to the child in consideration of this application.

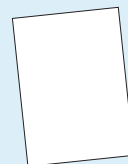
DOCUMENTS TO SUBMIT (Please remember to include the following)



Previous School Reports



Vaccination/Immunisation History



Copy of Passports



Learning Support Assessments
If applicable

CONSENT AGREEMENTS

MEDICAL ATTENTION

I consent for the School to provide first aid or treatment to my child/ward in case of medical emergency. If I cannot be contacted I authorise the School to act on my behalf to arrange medical or surgical treatment as may be deemed necessary. I also undertake to pay any medical costs which may be incurred, including ambulance transport and medication. I will not hold the school liable for any accident resulting from any erroneous / withheld medical information on this form and/or any other information submitted. I will keep the school informed if my child/ward develops any medical condition. I consent for the school medical staff to administer:

Paracetamol YES NO
Antihistamine YES NO

COUNSELLING

In the event that my child/ward requires counselling as deemed necessary by the School Counsellor, Head of School or Principal, I hereby give my consent.

I understand that the School Counsellor will inform my child/ward at or before the time the counselling relationship is entered into, the limits of confidentiality such as the possible necessity for consulting with other professionals, privileged communication, and authoritative restraints. I also understand that the School will keep information confidential within the safeguarding team unless disclosure is required to prevent clear and imminent danger to my child/ward, or others, or when legal requirements demand that confidential information be revealed.

HEALTH & SAFETY IN AND OUT OF SCHOOL

I understand that in the regular course of on-site and off-site education organised by Nexus International School (Singapore) my child/ward will be involved in a variety of sports and activities. I acknowledge that during these activities, my child/ward may be exposed to unforeseen circumstances and occurrences, including but not limited to, illnesses, accidents, weather conditions, and other unusual events and situations. Nexus International School (Singapore) Staff will follow agreed protocols and procedures to ensure the safety of all children during these classes, sports and activities. However, during such activities, accidents may happen. I agree that the school or any teachers or officials or voluntary helpers of the school, shall not be liable in respect of bodily injury to my child/ward unless the injury is caused by or resulting from negligence of any employee, teacher or other person or persons authorised to act for or on behalf of the School.

PHOTOGRAPHY RELEASE

I hereby give my consent to the School to use photographs, images, recordings, works or derivative works of the child free of charge, in any media and for whatever purpose as the School shall deem fit, including, without limitation, any promotional materials and the website of the School.

DECLARATIONS

PERSONAL DATA PROTECTION ACT, CONFIDENTIALITY & SECURITY POLICY

I understand that the School holds information about my child including, but not limited to, exam results, forecast results, parent contact, financial information and details of medical conditions. I understand that the School processes information about my child in order to safeguard and promote the welfare of my child, promote the objects and interests of the School and Taylor's Education Group, facilitate the efficient operation of the School, and ensure that all relevant legal obligations of the School are complied with. By signing this form, I, the parent/guardian, on behalf of my child/ward, authorize the School to process personal information including financial and sensitive personal information, as is deemed necessary for the legitimate purposes of the School within Taylor's Education Group.

FINANCIAL STANDING, REFUND & WITHDRAWAL

I confirm that all fees owed to previous schools have been paid in full and that I am not in dispute over fee payment with any school. I hereby authorise Nexus International School (Singapore) to confirm good financial standing with previous schools listed on this form. The most up-to-date Refund Policy and Withdrawal Policy can be found on the School's website.

SAFEGUARDING

Nexus is committed to providing a safe environment for all members of our community. Safeguarding and promoting the welfare of our learners is paramount to us. Nexus reserves the right to contact the learner's previous school and ask them to provide details of any safeguarding or welfare concerns we should be aware of.

CRIMINAL RECORD DISCLOSURE

If any of the contacts listed in this form have ever been convicted in a Court of Law in any country, are currently involved in any ongoing legal proceedings, or have ever been detained by the police, military police, CID, CPIB or any other government law enforcement agency, please disclose this now:

YES NO

If you ticked yes the school will contact you for further information. All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance.

DECLARATION BY PARENT/GUARDIAN *(please delete as appropriate)*

I have read, understood and agree to the above admission requirements, all sections of this form, and permission declarations contained herein. I understand that this form is part of the documentation required for admission to Nexus International School (Singapore). All documents required to be submitted with this application are attached. For required documents not attached, I/we undertake to furnish such documents by the date specified by the School, failing which the admission may be subject to cancellation. This form must be completed and signed before the student can be considered for admission to the School.

I, the parent/guardian, confirm that all the information set out in this application is true and accurate at the time of completion. The school reserves the right to vary or reverse any decision regarding the student's admission or enrolment made on the basis of incomplete, untrue or inaccurate information.

Name of Parent/Guardian *(please delete as appropriate)*
(PLEASE USE BLOCK CAPS)

Signature

dd/mm/yyyy
Date