

APPLICATION FOR ADMISSION TO MINDS SCHOOLS
(to be completed by Source of referral)

CHILD'S PARTICULARS

Name of Child: _____

Date of Birth: _____ Age: _____ BC / NRIC NO: _____

Citizenship / Place of Birth: _____ Sex: _____

Race: _____ Religion: _____

Language / Dialect Spoken at Home: _____

EDUCATIONAL BACKGROUND

	Name	Level & Year Attended
Child Care Centre		
Kindergarten		
School		

Notes to parents & referral agencies:

1. After the referral has been made, parent-child interviews will be conducted to ascertain the suitability of child for admission to school.
2. If the child is found suitable, he/she will be registered with MINDS. The child will be admitted upon the availability of a suitable class placement at the school.

Please list **all siblings of applicant** and **any other relatives staying with the family**:

Name	I/C No.	D.O.B. / Marital Status	Relationship	Occupation	Staying with applicant Yes/No

If the child is taken care of by a caregiver who is not residing with the family, please fill in the following:

Main Caregiver's Name: _____ NRIC NO: _____

Relationship: _____ Telephone No: _____

Address: _____

Please feel free to include any information on:

- 1) the applicant's / family's condition (eg. financial or social problems / issues)
- 2) any services / treatment (eg. therapy) of which the applicant is currently receiving

Please indicate if child is / has been referred to other Special Schools

Name of School	Date of Referral	Outcome Screening / Waiting list / Rejected

Completed by: (Name & Signature) _____ Designation: _____

Referral Agency: _____ Contact No: _____

Email Address: _____ Date: _____