



APPLICATION FOR ENROLMENT FOR THE YEAR CLASS:

PERSONAL DETAILS

Name of Applicant (in BLOCK LETTERS): Mr / Miss*:

.....

Address:

.....

.....

Date of Birth:

Age:

Home Tel:

Mobile :

Nationality: NRIC / PP #: Race :

Student Email: Parents Email:

EDUCATIONAL DETAILS

Highest standard passed & Year:

Name of School and Class attending at present (if applicable):

ENROLLMENT DETAILS

Course(s) to be taken:

.....

Highest standard passed in course for which tuition is sought:

.....

I promise regular attendance and to record all practical work and submit them regularly for marking, and to pay for all breakages.

I further promise to pay all fees as per schedule. It would be my aim to complete the course, but in case I have to leave any of the courses I should give **ONE MONTH'S WRITTEN NOTICE** to the Supervisor.

Please tick whichever is applicable from below:-

(i) I am attending classes in these subjects in my school (for school candidates). ()

(ii) I am not attending classes in these subjects in my school (for school candidates). ()

(iii) I am a private candidate and would like to sit for the GCE Exam (for non-school candidates). ()



Singapore Institute of Science
 (Regn No : 24409300L) (Since 1940)

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 Singapore 218207
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 Fax : 65 62936824
 enquiry@instituteofscience.com.sg
 www.instituteofscience.com.sg

Notes: Candidates under category (ii) above should get prior approvals from their schools' Principals should they wish to enter for these subjects in the GCE examination. Your name can be entered in our Register only if you pay the requisite fees together with this Form. Priority will be given to those who have filled these forms in our Office, as long as vacancies exist.

Personal Data :

- Personal data will be used by Singapore Institute of Science for the purposes which include the providing of our latest news, promotions and activities. It will never be shared, distributed or revealed to any third party. If you do not wish to receive any marketing updates from SIS, please email us at enquiry@instituteofscience.com.sg. Otherwise we may contact you by telephone, email and SMS.
- In the event that the teacher falls sick or is absent due to any urgent matter, the Institute reserves the right to arrange for a relief teacher or reschedule the lesson(s).
- The Institute reserves the right to publish the students' results and photographs for marketing purposes.
- Parents are strictly not allowed to approach the Institute's teachers or staff for private tuition. This is a serious violation of the Institute's policy.
- The Institute reserves the right to amend any of the rules and regulations from time to time without prior notice.

Date :

.....
 (Signature of Applicant)

Optional



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<p>How did you learn about SIS? (Select all that apply.)</p> <p><input type="checkbox"/> Direct Mailer / Event Brochure / Flyer</p> <p><input type="checkbox"/> Teacher / Principal</p> <p><input type="checkbox"/> Newspaper advertisements</p> <p><input type="checkbox"/> Publication advertisements</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Colleague / Friends / Parents</p> <p><input type="checkbox"/> Others</p>	<p><u>TO BE FILLED BY PARENT / GUARDIAN</u></p> <p>I, Mr /Mrs Father / Mother / Guardian* residing at</p> <p>confirm the above statements of my son / daughter / ward* and guarantee his / her* good conduct and regular attendance at the school.</p> <p>Email Id:..... Contact # :</p> <p>Date: Signature of Parent / Guardian*:-</p>
<p><u>FOR OFFICIAL USE ONLY</u></p>	
<p>Applicant meets / does not meet* the pre-requisites for course admission. Application accepted / rejected*.</p> <p>Deposit Paid: Receipt #: Admission #:</p> <p>Date: Signature & Designation of Authorised Staff:-</p>	