

Please return completed application to:

Tanglin Trust School
95 Portsdown Road
Singapore 139299
Tel: (65) 6778 0771
Fax: (65) 6777 5862
URL: www.tts.edu.sg



Please attach
two
Photographs

APPLICATION FOR ADMISSION

Tanglin Trust School is an Educational Trust which provides schooling from Nursery to Year 13.
A separate application must be submitted for entry into the Sixth Form.

Student's Particulars

Name _____
Surname _____ First _____ Middle _____

Preferred Name _____ Girl Boy

Singapore Address* _____

Home No _____

Date of Birth _____ (dd/mm/yy) Country of Birth _____ Nationality _____

Passport No _____ Expiry Date _____ Fin*/Uin No. _____
(Please attach copy of passport) (dd/mm/yy) (Fin No. – Dependent Pass Holders; Uin No. – SPR)

If Dual Nationality, please state _____ Singapore Citizen Yes No

Please note that Singapore nationals will be eligible for a place in the school only if permission is granted by the Ministry of Education. If permission is not granted, twenty percent of the application fee will be forfeited.

Father's Particulars

Name _____ Nationality _____

Fin*/Uin No: _____ Passport No _____ Country of Issue _____
(Fin No.-Employment Pass/ Dependent Pass holders; Uin No.-SPR) (Please attach copy of passport)

Occupation _____ Company Name _____

Company Address _____

Office Tel _____ Handphone _____ Fax _____

Email _____

Mother's Particulars

Name _____ Nationality _____

Fin*/Uin No: _____ Passport No _____ Country of Issue _____
(Fin No.-Employment Pass/ Dependent Pass holders; Uin No.-SPR) (Please attach copy of passport)

Occupation _____ Company Name _____

Company Address _____

Office Tel _____ Handphone _____ Fax _____

Email _____

Mailing Address

For correspondence (please tick)
For invoices (please tick)

Home
Home

Father's Business
Father's Business

Mother's Business
Mother's Business

* where available

Is applicant a former student of Tanglin Trust School?

Yes

No

Is either parent a former student of Tanglin Trust School?

Yes

No

Child's first language

Language spoken at home

Other language(s)

Name and Address of Last Two Schools	From	To

Brothers / Sisters Name	Date of Birth (dd/mm/yy)	Boy / Girl	Present School & Country

Is your child proficient in the English language?

Is your child currently placed correctly for his / her age?

Does your child have any physical disabilities, learning difficulties or medical problems?

Has your child ever received any form of learning support and / or has your child ever been assessed by an educational psychologist or any other specialists concerned with child development? (If yes, please provide a copy of the report(s)).

Will both parents be residing in Singapore while your child is at school here? If either or both of you will be residing elsewhere, in which country or countries will you be residing?

Do you have any general comments about your child that you wish to place on record? E.g. interests / particular achievements.

Name and address of family doctor in Singapore

To: The Admissions Team
Tanglin Trust School Ltd
95 Portsdown Road
Singapore 139299

Dear Sir

I understand and accept the policy and conditions governing enrolment and admission of my child into the School and I acknowledge that withholding relevant information relating to my child's physical, medical or educational needs may affect my child being offered or maintaining a place within the School. I declare that to the best of my knowledge all of the information which I have supplied in this application form is full and accurate. I undertake to inform the School immediately of any change in the particulars to this application or of my wish to withdraw it.

I further undertake:

1. to pay each term's school fees not less than one week prior to the commencement of each term;
2. to pay such increased fees as may be approved by the Board of Governors from time to time;
3. to pay such fees as are necessary to top up the deposit to maintain its equivalence to each term's school fee.

(School fees are inclusive of Building Fund)

I enclose herewith my Singapore cheque for S\$ _____ (or bank draft for the equivalent sum) payable to "Tanglin Trust School Ltd" as payment of the application fee.

I would like to enrol my child on the waiting list for the term commencing:

1. _____ (date)
2. _____ (date)
3. _____ (date)

Dated: _____ Signature of Parent: _____

FOR OFFICIAL USE

Registration no.	
Application fee received	
Date of interview with Head of School	
Hear of School's remarks	
Place offered / Not offered	
Place accepted / Not accepted	
Date of application withdrawn	
Reason for withdrawal	



Education Report – Application for Admission
Nursery to Year 2

Child's Name: _____ Date of Birth: _____

School Name: _____ Current Year/Grade: _____

We have received an application for the above student to join Year _____. In order to assist in the admissions process, we would be extremely grateful if you would complete this form and return it to the school by fax to +65 6777 5862. This form is available on-line at www.tts.edu.sg

Name of Referee: _____ Position Held: _____ Date: _____

How long have you known the child? _____ How long has the child attended your school? _____

Teacher Assessed UK National Curriculum Levels (if known)	KS1		
English: Speaking & Listening; Reading; Writing	S&L	R	W
Mathematics			
Science			

Attribute	Please ✓ the box that best relates to the above student			
	Excellent	Good	Satisfactory	Poor
Attendance				
Punctuality				
	Advanced for age	Age appropriate	Needs Development	Support Given
Co-ordination - gross and fine motor				
Concentration				
Behaviour				
Communication Skills				
Interaction with children and adults				
Ability to work in groups				
Speech and Language development				
Proficiency in spoken English				
Proficiency in written English				
Overall academic ability				

Please tick the boxes that describe the characteristics of the student:							
Confident	Creative	Capable	Conscientious	Caring	Sporty	Musical	Artistic

Please indicate any particular areas of strength:

Please indicate any particular areas for development:

Does the student have any special educational needs/learning difficulties? If yes, please give further details e.g. Learning Support/ Speech Therapist.

Any further information which may be of use in placing this student in our school; e.g. *Achievements, special talents, family circumstances, parental involvement, well-being, health etc.*

School stamp:



Education Report – Application for Admission
Year 3 to Year 11

Student's Name: _____ Date of Birth: _____ Current Year/Grade: _____

School Name: _____ Is English the language of instruction _____

We have received an application for the above student to join Year ____ in September _____. In order to assist in the admissions process, we would be extremely grateful if you would complete this form and return it to the school by fax to +65 6777 5862. This form is available on-line at **www.tts.edu.sg**

Name of Referee: _____ Position Held: _____ Date: _____

How long have you known the child? _____ How long has the child attended your school? _____

Student's Language	
Is English the student's first language	
Is English the language used at home	
In what other languages is the student proficient?	

Academic Performance: UK National Curriculum Levels (if known)	KS1	KS2	KS3
English			
Mathematics			
Science			

Attribute	Please ✓ the box that best relates to the above student			
	Excellent	Good	Satisfactory	Poor
Attitude				
Behaviour				
Attendance				
Punctuality				
Organisation				
Initiative				
Communication Skills				
Ability to work in groups				
Proficiency in written English				
Proficiency in spoken English				
Proficiency in ICT				
Their overall academic ability				

Please tick the boxes (if any) that describe the characteristics of the student:							
Confident	Creative	Capable	Conscientious	Caring	Sporty	Musical	Artistic

Please indicate any particular areas of strength:

Please indicate any particular areas for development:

Does the student have any special educational needs/learning difficulties? If yes, please give further details e.g. Learning Support/ Speech Therapist.

Any further information which may be of use in placing this student in our school; e.g. *Achievements, special talents, family circumstances, parental involvement, well-being, health etc.*

School stamp:



Application Checklist

Name of Applicant _____

I would like to enrol my child for the term commencing: _____

Completed applications **must** include the following. Applications will not be considered until the school receives all of the documents

		For official use only
Fully completed Student Application Form		
The last two Reports to Parents from the previous school (Applications to Reception year can show any records of nursery settings if available. Applications to Year 1 should supply reports from previous Reception education)		
2 Passport sized photos		
Passport identification of student and both parents		
Any reports and/or evaluations indicating the nature of special educational needs		
Application fee (please indicate if this is being paid by telegraphic transfer or by someone other than yourself eg your employer or relocation agent)		
Copy of birth certificate (if born in Singapore)		
Signed drugs testing consent form (applicants to Senior School only)		
Please indicate by a tick if the Education Report Form has been passed to your child's previous school		
For official use only Education Report Form Received		
For official use only Date application received		