**Application Form Hollandse School Limited**

**School year 2021 – 2022**

This is the application form for the HSL.

1. Please submit this form **digitally** by typing in the grey boxes below, and email the fully completed form to [**admissions@hollandseschool.org**](mailto:admissions@hollandseschool.org)
2. The **signatory-page** is to be signed in hard copy and submitted in scanned **format.**
3. We will also need to receive a recent, digital, passport sized photo of your child.
4. You will receive confirmation from us upon receipt of the application form. Subsequently, we will send an invoice for the application fees to the invoice address. Please note that there will be no refund of these application fees.
5. Your child’s current school should complete the educational report which can be downloaded from our website. Upon completion, it must be emailed to our administration desk.
6. Once the application fees and the educational report have been received, your child‘s registration is official.
7. Children registered at Jip and Janneke will **automatically move up** to group one of primary school. If you choose not to let your child start in group 1, you have to submit the deregistration form to the administration of the primary school **no later than 6 weeks for his/her 4th birthday**.
8. The HSL-primary school can only accept students with a valid Singaporean Dependent Pass, Permanent Resident Pass or Student Pass.
9. Where a child holds Singaporean citizenship, either by birth or registration, this information **must** be declared at the time of application. Singapore citizens holding dual citizenship may not apply based upon a non-Singaporean status.

Applicants, who hold Singapore citizenship, will only be able to start at our school after the Ministry of Education has issued a waiver. The school will apply for a waiver on behalf of the applicant.

Students who become Singapore citizens after joining the school will only be able to retain their place after the Ministry of Education has issued a waiver.

I understand and accept that it is essential that full disclosure be made of:

* information regarding learning support or special needs of my child; and
* the nationality/citizenship status of my child, including dual nationality.

If it subsequently becomes apparent that any of the above information has been withheld, or falsified, it can lead to the immediate exclusion of the student from the school without refund of any fees.

By signing this application form, I agree that I have read, understood and accepted HSL Standard Terms and Conditions, including the above. Also I agree to the school fee structure 2021-2022, to be found on our website: https://www.hollandseschool.org/en/new-parents/fee-structure/

**Preferred start date at HSL in Singapore:**

**I am registering my child for:**

1. Jip & Janneke

* Number of days:  3  5
* Desired days:  Monday

Tuesday

Wednesday

Thursday

Friday

Extended day for children 3 years and older

The extended day **is only possibly on the same days** as above

Monday

Tuesday

Thursday

1. Primary school

To be placed in group/grade/ level:

**Student data**

Surname(s):

First name(s):

Name (how child is addressed):

Gender:

Date of birth:

Place of birth:

Country of birth:

Does your child hold dual citizenship?  yes  no

Which nationalities does your child have? (Please attach a copy of the passport of this application)

Nationality 1  Passport number:  Expiry date:

Nationality 2  Passport number:  Expiry date:

Your child has (select one of the following – please attach a copy of the relevant pass to this application)

Singapore Dependent Pass (DP)

Pass number  Expiry date

Singapore Permanent Resident Pass (PR)

Pass number  Expiry date

Singapore Student Pass (STP)

Pass number  Expiry date

currently applying for:

DP  PR  STP

not currently residing in Singapore, but will be applying for:

DP  PR  STP

**The HSL-primary school can only accept students with a valid DP, STP or PR pass.**

**Family composition**

Number of children in the family:

Place within family: 1st 2nd 3rd 4th child

**Name siblings Date of birth Gender**

1.

2.

3.

4.

**Parent/Caretaker Details**

**Father**

Surname:

Given first name:

Nationality:

Profession father:

Passport number:

FIN/NRIC\*:

**Mother**

Surname:

Given first name:

Nationality:

Profession mother:

Passport number:

FIN/NRIC\*:

\*Foreign Identification Number/National Registration Identity Card

**Address details**

**Address in Singapore** and postal code:

Home telephone:

Mobile phone **father:**

Work phone father:

Mobile phone **mother**:

Work phone mother:

Email address for school communications:

Email address father:

Email address mother:

**Current address** and postal code:

Town:

Country:

Phone number (incl country code):

**Employer details**

**Father**

Company name:

Address and postal code:

Town:

Country:

Telephone number:

Fax number:

Send invoice to:  private residence  company father

**Mother**

Company name:

Address and postal code:

Town:

Country:

Telephone number:

Fax number:

Send invoice to:  private residence  company mother

**Student history**

Name **current school**:

Type of education:

Address and postal code:

Town:

Country:

Phone number (incl country code):

Period of time: from  to

Student’s current grade/ level:

Grade/ levels completed:

Name current teacher(s):

Email address of current school:

Name of **previous school**:

Type of education:

Address and postal code:

Town:

Country:

Phone number (incl country code):

Period of time: from  to

Grade/ Groups/ Levels:

**In case your child was enrolled at an international school, did he or she take additional Dutch classes (and/or NTC)?**  No  Yes

* If yes, at which school in which country?
* Duration: from  to
* How many hours per week?

We’d like to receive a progress report from your child’s NTC teacher

**Special remarks**

* What is your child’s mother tongue?
* Does your child speak any other languages? If so, which?
* Which language does the father/caretaker speak with the child?
* Which language does the mother/caretaker speak with the child?
* Did your child ever stay behind a grade/ level? :  No  Yes

If yes, which grade/ level?

* Did your child ever skip a grade/ level? :  No  Yes

If yes, which grade/ level?

* Did your child ever partake in an advanced program? :  No  Yes

If yes, for which subject(s))?

* Has any examination ever been run by a:

Psychologist?  No  Yes

Educational therapist?  No  Yes

If yes, by whom?

(Please be so kind as to hand us a copy of the report made)

* Is your child receiving special support?

Remedial teaching:  No  Yes

Speech therapy:  No  Yes

Motor development support:  No  Yes

If yes, where/with whom?

* Does dyslexia run in your family?  No  Yes

**General impression**

In the list below, mark the characteristics most applicable to your child.

He/she is:

spontaneous  confident  withdrawn  easy-going

positive  gloomy  tiresome  noisy

quick tempered  demanding  challenging  shy

lively  aggressive  passive  busy

relaxed  tense  hyper active  jealous

cheerful  calm  open  sociable

dreamy  balanced

**Well-being**

The three possible answers are:

* Yes, correct (most of the time)
* Sometimes
* No, incorrect (most of the time)

Please tick the most appropriate box.

**My child: Yes Sometimes No**

* Is confident
* Is easily frightened
* Enjoys life
* Is assertive
* Spontaneously expresses emotion
* Enjoys going to school
* Asks for help when needed
* Plays with other children
* Has often conflicts
* Is fit and healthy
* Has often been bullied

**Involvement**

* Is highly engaged
* Works or plays with concentration
* Is easily distracted
* Is easily discouraged
* Can be self-reliant for a while
* Is easily bored
* Finishes what he/she started

**School matters**

For Jip & Janneke

**My child: Yes Sometimes No**

* Eats independently
* Drinks without spilling
* Can wash his/her own hands
* Can dress him/herself
* Can put on his/her own shoes
* Is potty trained during the day

For group 1 - 8:

* My child’s favourite subject is:
* My child’s least favourite subject is:
* My child is especially interested in:
* My child has been receiving additional support for:

For group 3 – 8 students (please mark the applicable sentence): **Yes No**

* My child (mostly) has difficulties with mathematics
* My child (mostly) has difficulties with reading
* My child (mostly) has difficulties with language
* My child likes physical education
* At home, my child works on the computer a lot
* My child has a swimming certificate

**Additional remarks:**

**PRIVACY**

**At the HSL we care about handling your personal data carefully and in compliance with the Personal Data Protection Act 2012 ('PDPA').**

**By registering at the HSL, I authorize the HSL:**

**\* to share my contact details with the staff, other parents and third parties of the HSL**

**\* to place photographs of my child on the school’s website and in school publications**

\* **to send me confidential information of my child via email**

**(e.g. Report cards, Personal development plans)**

**Signatory page**

**Application Form Hollandse School Limited**

**School year 2021 – 2022**

Name student:

Name parent/caretaker:

Date:

Signature:

**Medical details**

**School year 2021 – 2022**

To be completed for each student enrolled at Hollandse School Limited, both in pre-school or primary school, **upon enrolment and upon commencement of each school year**. (We ask for a yearly update since many medical and personal details can change in the course of a school year. All documents are destroyed after the end of the school year)

**As parent/caretaker you are responsible for the submission of correct data; we will not check upon them. You are also responsible for passing on (in writing) any personal detail amendments during the course of the school year.**

**General Information**

Last name: First name: Group:

Date of birth:

Gender: Address and postal code:

Passport number:

FIN/NRIC:

Home phone number:

Name **father**:

Mobile phone father:

Office number father:

Name **mother**:

Mobile phone mother:

Office number mother:

Name domestic helper:

Mobile phone helper:

In case of emergency (person other than parents, **in Singapore**)

Name:

Home phone number:

Mobile phone number:

Relation to student:

If both parents are called out of Singapore, the parents must inform the administration of the school and the child’s teacher, and must provide us with the contact details of an adult residing in Singapore who is acting as guardian in your absence.

Whilst many helpers are of course, extremely reliable, they do not have legal authority under Singapore Law, to approve emergency treatment.

GP/specialist in Singapore

Name clinic:

Name physician:

Phone number clinic:

Phone number physician:

Swimming competences:

* + Cannot swim without swimming aids
  + Can swim 
    - Can tread water for 60 sec + swim 2 x 50 m (= Dutch swimming proficiency diploma A)
    - Can tread water for 60 sec + swim 2 x 75 m (= Dutch swimming proficiency diploma B)
    - Can tread water for 60 sec + swim 2 x 100 m (= Dutch swimming proficiency diploma C)
    - Is an experienced swimmer

**General medical information**

History:

Are there any special remarks regarding the birth of your child?

No  Yes

If yes, please explain:

Are there any specific details that we need to be aware of regarding your child’s

pre-school period (with regards to speech, motor skills development and play)?

No  Yes

If yes, please explain:

Has your child received any treatment for this?  No  Yes

If yes, please explain:

Are there currently any medical issues that the school should be aware of?

No  Yes

If yes, please explain:

Vaccinations

Has your child been vaccinated according to schedule?  No  Yes

Does your child use medication during school hours?  No  Yes

If yes, what for?:

Which medication and dosage?:

**In case MEDICATION is to be taken during school hours, or in case the student has allergies, the medical form must be submitted** (document available at school administration office).

**Allergies** needing **medication** at school in case of an allergic reaction.

Food allergies: Which:

Others: Which:

Symptoms:

Treatment:

**In case MEDICATION is to be taken during school hours, or in case the student has allergies, the medical form must be submitted** (document available at school administration).

**Allergies** requiring alertness but not needing medication in case of allergic reaction

Food allergies: Which:

Others: Which:

Symptoms:

**Please note: Make sure you remind the teacher of your child’s allergies on a regular basis (birthday treats, parties, school camp, etc.)**

**Is your child following a special diet?**

For religious reasons:  No  Yes

For other reasons:  No  Yes Which:

If yes, which food(s) and/or drinks should not be consumed?

**The above details are safeguarded by the group teacher and will be viewed by the School Health coordinator.**

**Completing and submitting this form does not relieve you of your obligation to inform the teacher of possible alterations of medical details and associated necessary measures.**

Name:

Date:

Signature:

**Parental consent form**

**SCHOOL YEAR 2021 – 2022**

**HSL premises and HSL excursions organized in Singapore**

I hereby give my consent to the principal of Hollandse School Limited or any staff member for

**My son/daughter:**

Name as in passport:

Group:

Date of birth:

Nationality:

Passport number:

Expire date Passport:

Fin number:

I recognize the fact that it may be necessary to make decisions concerning medical treatment, including administering drugs. I give permission to administer un-prescribed drugs (e.g. Paracetamol) without contacting me.

In the event that I will be un-contactable, I hereby give my unconditional consent to hospitalization in consultation with the medical staff of that hospital. Should, at any time, my child be in need of such services or attention, I shall be fully responsible and agree to pay, for all medical expenses, including all direct, incidental and administrative costs etc., involved.

I understand that it is important for the school to be able to contact me in the event of an emergency. Below are the contact addresses and telephone numbers at which I can be reached at all times. In case one of the contact numbers has changed I am responsible for informing the teacher and the administration of the school.

|  |  |
| --- | --- |
| Home address:    Tel: | Name helper:    Tel: |
| Mobile phone numbers:  Mother:  Father: | |
| E-mail: | |
| In case of emergency, person other than parents, **in Singapore (not the helper)**:  Name:  Relationship with child:  Home number:  Mobile phone number: | |

Date:  Date:

Name Mother:  Name Father:

Signature Mother:  Signature Father:

Below you will find a checklist for your convenience.

1. **Have the following documents been signed?**

* signatory page
* medical form
* parental consent form

1. **Have the following documents been attached?**

* recent photograph
* passport copy
* Green card/FIN number copy (front + back)
* vaccination record copy
* social media disclaimer

**You will receive confirmation from us upon receipt of the application form. After that, we will send an invoice for the application fees to the invoice address. There will be no refund of these application fees.**

1. **Upon payment of application fees the following documents need to be submitted.**

Only for primary school

* Digital version of the educational report of current school
* If applicable: educational therapy/psychological/speech therapy report
* If applicable: NTC-report

1. **Upon commencement at Hollandse School Ltd, the following documents are to be submitted:**

Only for primary school

* The signed educational report of your child’s current school, including test results (e.g. CITO)
* A copy of your child’s latest progress report card
* A copy of both sides of your child’s dependent or student pass (FIN)
* A copy of your child’s vaccination records