



CONFIDENTIAL

Mountbatten Vocational School

225 Mountbatten Road
Singapore 397997
Tel: 6440 3331
Email Address: info@mvs.edu.sg
Website: www.mvs.edu.sg

Recent passport size
colour photograph
with white
background

Official Use:

Admission Year: _____ Date of Registration: _____
Admission Number: _____ Class allocation: _____

Requirements

1. Registration: The application form must be completed by the applicant who should be accompanied by his/her parent/guardian.
2. Documents required:
 - i. Birth Certificate / Identity Card / Citizenship Certificate / Passport (for foreigners)
 - ii. Applicant's report book and other certificates
 - iii. Medical and/or Psychological report

***if your child attended a Special Needs School, his / her medical and/or psychological report and/or Individual Education Plan (IEP) **MUST** be provided to Mountbatten Vocational School.*

A. APPLICANT INFORMATION

A1. APPLICANT'S PARTICULARS (Please fill in in BLOCK letters)

Name: _____ Chinese Name (if any): _____

Date of Birth (dd/mm/yyyy): _____ Age on next birthday: _____ Race: _____

Gender: Male / Female Place of Birth: _____ Citizenship: _____

Address: _____

NRIC / FIN / Passport Number: _____

Is the child living with his/her parents? Yes No

If No, please complete the sub-section A2 below.

Disability: _____

Medical Condition: _____

Medication Needed: _____

Allergies: _____

Dietary Requirements: _____

C2 – MOTHER’S PARTICULARS

Name		NRIC / FIN / Passport No.	
Date of birth (dd/mm/yyyy)		Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Country of birth		Race	
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR Others: _____	Religion	
Highest academic qualification	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary (A levels, Diploma, ITE) <input type="checkbox"/> Graduate / Postgraduate	Gross monthly income	<input type="checkbox"/> No income <input type="checkbox"/> \$2750 and below <input type="checkbox"/> Above \$2750
Occupation		Spoken language(s)	
Contact no. (Home)		Contact no. (HP)	
Email			
Residential address	(If different from child's residential address) Postal Code: ()		

C3 – PARTICULARS OF LEGAL GUARDIAN (if child is not in parents' care)

Please attach a photocopy of Certificate of Legal Guardianship.

Name		NRIC / FIN / Passport No.	
Date of birth (dd/mm/yyyy)		Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Country of birth		Race	
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR Others: _____	Religion	
Highest academic qualification	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary (A levels, Diploma, ITE) <input type="checkbox"/> Graduate / Postgraduate	Gross monthly income	<input type="checkbox"/> No income <input type="checkbox"/> \$2750 and below <input type="checkbox"/> Above \$2750
Occupation		Spoken language(s)	
Contact no. (Home)		Contact no. (HP)	
Email		Relationship to Child	
Residential address (if different from child's residential address)	Postal Code: ()		

C4 – PARTICULARS OF SIBLINGS & ANY OTHER RELATIVES STAYING WITH THE CHILD

Name	Relationship to Child	Date of birth / Age	Occupation	Monthly income (if applicable)

Financial Assistance Schemes	Year Obtained / Duration

If you wish to apply for Mounbatten Vocational School's financial assistance, please provide both parent's CPF statements (6 months** prior to start date at Mounbatten Vocational School) and/or payslips (**3 months** prior to start date at Mounbatten Vocational School).*

D. SOURCE OF REFERRAL

	Please indicate which source
School:	
Online:	
Word of mouth:	
Self:	
Others:	

DECLARATION

I understand that Mountbatten Vocational School may seek further information from me, as well as other agencies who have worked with my child. They may also carry out additional assessments or observations in order to evaluate my child's suitability for their programmes.

I acknowledge that withholding relevant information relating to my child's medical, psychological, educational or emotional needs before or after admission may affect my child being offered a place or maintaining his or her enrolment at Mountbatten Vocational School. I declare that to the best of my knowledge all of the information which I have given in all of the school's forms are full and accurate. I undertake to inform Mountbatten Vocational School immediately of any change in the particulars to this application or of my wish to withdraw it.

I hereby also give consent for the release of this information to relevant professionals and/or agencies, such as the Ministry of Education and Insurance Company and for Mountbatten Vocational School to contact the professionals and/or agencies in order to facilitate the application.

Also, I understand that Mountbatten Vocational School's teachers and Case Manager are obligated to arrange home visits announced / unannounced as deemed necessary.

Name of Parent / Guardian Date

Signature of Parent / Guardian

For Office Use:

Registered by:

Name / Designation

Signature

Date



Mountbatten Vocational School

225 Mountbatten Road, Singapore 397997

Tel: (65) 6440 3331 Fax: (65) 6447 0094

Email Address: ernest@mvs.edu.sg

Website: www.mvs.edu.sg

Media Consent

Do you consent to:	Please tick (✓) accordingly:	
	Yes	No
Publication of your child's photo and / or work in the School Newsletter or school-based posters / displays?	<input type="checkbox"/>	<input type="checkbox"/>
Publication of your child's photo and / or work in the local press?	<input type="checkbox"/>	<input type="checkbox"/>
Publication of your child's photo and / or work in the school website?	<input type="checkbox"/>	<input type="checkbox"/>
Publication of your child's photo and / or work in their portfolio of work or in the portfolio of a fellow student? <i>(Throughout the year, teachers may take photos of students / groups of students engaged in schoolwork and associated activities for us in the student's portfolio of work or in the event of group work, in another student's portfolio)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Parent / Guardian: _____ Date: _____

Signature Parent / Guardian: _____



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ENROLMENT FORM FOR GROUP STUDENT PROTECTION PLAN

HOW TO ENROL

1. Complete this form
2. Sign and Date it
3. Submit together with cash \$3.30 (inclusive of GST) to the child's form teacher

To: MSIG INSURANCE SINGAPORE PTE LTD

Through: THE SCHOOL

GROUP STUDENT PROTECTION PLAN

I wish to insure my child under the above plan

Student's name: _____ Class: _____
*(Please write in clearly **BLOCK** letters)*

Address: _____

Contact number: (HP) _____ (H) _____ (O) _____

Signature of Parent / Guardian: _____ Date: _____



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Informed Consent and Limits to Confidentiality Agreement for Casework and Counselling

This letter of agreement is intended to provide you with important information about case management or counselling services from Mountbatten Vocational School. Please read this information carefully, and should you have any questions, please do not hesitate to contact me for clarifications.

I (the parent / guardian) understand that while my child / ward is studying in Mountbatten Vocational School, I or the school staff may refer my child / ward for counselling, or my child / ward may request for counselling.

I understand that the school case management and counselling service's objective is to effectively improve my child's / ward's learning, school experience and, his / her social and emotional well-being.

Limits to Confidentiality

In order to build trust with my child / ward, the school case manager / counsellor will keep information confidential with some possible exceptions. I understand that the school case manager / counsellor may share information that is helpful for my child / ward with me (parents / guardians), the teachers, and/or administrators who work with my child / ward on a need to know basis.

The school case manager / counsellor is required by law to share information with parents / guardians, teachers, School Administrator, and/or relevant authorities in these circumstances:

- When there is evidence or disclosure that your child / ward is in danger of harming him / herself, others, and school property.
- When there is evidence or disclosure of physical or sexual abuse.
- When ordered by the police, court or the relevant ministries.
- It is the responsibility of the school case manager / counsellor to provide quality care to my child / ward. I understand that the school case manager / counsellor will consult his / her supervisor and/or professionals within the association when necessary so as to provide the optimum support for my child / ward. I also understand that the identity of my child / ward will be protected during consultations.



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The school case manager / counsellor will explain to my child / ward these limits of confidentiality before my child / ward is engaged in the counselling service. I understand that the school case manager / counsellor will seek my (parent / guardian) consent to release information if there is the need to refer my child / ward to social service agencies, allied services, and other relevant community services if it will be helpful for my child / ward.

Limitations to school counselling service

The school case manager's / counsellor's direct services to students will be provided only during school hours. I understand that the school case manager / counsellor will not provide private counselling to students, parents or families. The school case manager / counsellor will not provide long-term counselling service, psychological assessment and psychiatric service. I acknowledge that it is my responsibility to seek help beyond what is rendered by the Mountbatten Vocational School's Case Management and Counselling services.

Aligning with the Mountbatten Vocational School service policy, the school case manager / counsellor will not accept fees or gifts for service rendered. The school case manager / counsellor will uphold his / her professional standing consistent with the ethical standards outlined by the Singapore Association for Counselling or Singapore Psychological Society. Participation in counselling services does not guarantee specific results; however, research supports the benefit of students' involvement in comprehensive school counselling programs.

I have read and understood the content of this agreement and give consent to **Mountbatten Vocational School** to collect, use and share information pertinent to my child / ward for the purpose of administration, counselling, reporting to appropriate persons and the relevant authorities.

Signature of parent / guardian

Name:

NRIC:

Date:

Signature of witness

Name:

Date: