



# **CONFIDENTIAL**

## **Mountbatten Vocational School**

225 Mountbatten Road  
Singapore 397997  
Tel: 6440 3331  
Email Address: [info@mvs.edu.sg](mailto:info@mvs.edu.sg)  
Website: [www.mvs.edu.sg](http://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: \_\_\_\_\_

**A2. ALTERNATIVE LIVING ARRANGEMENTS (IF APPLICABLE)**

To be completed if child is not living with his / her parents

Main caregiver: \_\_\_\_\_

Contact no.: \_\_\_\_\_

Address of caregiver:  
(if different from child's residential address)

Relationship to child: \_\_\_\_\_

**B. EDUCATIONAL BACKGROUND**

Schools Attended	From	To	Qualifications Attained

Highest Standard Passed: \_\_\_\_\_

**C. FAMILY'S INFORMATION**

Please ensure that information provided in this section is up-to-date. The information will be used for registration in your child's SPED school, and to determine the need for financial assistance or other forms of social support.

**C1 – FATHER'S PARTICULARS**

<b>Name</b>			
<b>Country of birth</b>		<b>Race</b>	
<b>Marital status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Citizenship</b>	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR Others: _____
<b>Religion</b>		<b>Spoken language(s)</b>	
<b>Contact no. (Home)</b>		<b>Contact no. (HP)</b>	
<b>Email</b>			
<b>Residential address</b>	(If different from child's residential address)		
			Postal Code: (    )

**C2 – MOTHER’S PARTICULARS**

<b>Name</b>			
<b>Country of birth</b>		<b>Race</b>	
<b>Marital status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Citizenship</b>	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR Others: _____
<b>Religion</b>		<b>Spoken language(s)</b>	
<b>Contact no. (Home)</b>		<b>Contact no. (HP)</b>	
<b>Email</b>			
<b>Residential address</b>	(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.

<b>Name</b>			
<b>Country of birth</b>		<b>Race</b>	
<b>Citizenship</b>	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR Others: _____	<b>Religion</b>	
<b>Spoken language(s)</b>		<b>Contact no. (Home)</b>	
<b>Contact no. (HP)</b>		<b>Email</b>	
<b>Residential address</b>	(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

Financial Assistance Schemes	Year Obtained / Duration

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

**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: [info@mvs.edu.sg](mailto:info@mvs.edu.sg)

Website: [www.mvs.edu.sg](http://www.mvs.edu.sg)

## DATA PROTECTION NOTICE

### Objectives for collection, usage and disclosing of personal data

Personal data is collected from or about students, parents and guardians of students, donors, employees and other individuals. Personal data is utilized so that the school is able to provide programmes (which are described on the website) efficiently and effectively and also for MVS' mandatory compliance with legal obligations.

---

### ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have read and understood the above Data Protection Notice, and consent to the collection, use and disclosure of my personal data by MVS for the purposes set out in the Notice.

- I do not wish to receive any marketing information.
- I would like to receive information about the goods and services which may be provided by MVS, including (but not limited to) offers, promotions and information about new goods and services, via the following channels:
- Newsletter
  - Email
  - Text message
  - Telephone call

Name : \_\_\_\_\_

Signature & Date \_\_\_\_\_



## Mountbatten Vocational School

225 Mountbatten Road, Singapore 397997

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

Email Address: [info@mvs.edu.sg](mailto:info@mvs.edu.sg)

Website: [www.mvs.edu.sg](http://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's social media platforms (i.e., Facebook, Instagram, Linked In etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Publication of your child's photo and / or work in the school's collaborative partners' social media platforms (i.e., Facebook, Instagram, Linked In etc.)?	<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>(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: \_\_\_\_\_





## Mountbatten Vocational School

225 Mountbatten Road, Singapore 397997

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

Email Address: [info@mvs.edu.sg](mailto:info@mvs.edu.sg)

Website: [www.mvs.edu.sg](http://www.mvs.edu.sg)

### 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: \_\_\_\_\_



## Mountbatten Vocational School

225 Mountbatten Road, Singapore 397997

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

Email Address: [info@mvs.edu.sg](mailto:info@mvs.edu.sg)

Website: [www.mvs.edu.sg](http://www.mvs.edu.sg)

# 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.



## Mountbatten Vocational School

225 Mountbatten Road, Singapore 397997

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

Email Address: [info@mvs.edu.sg](mailto:info@mvs.edu.sg)

Website: [www.mvs.edu.sg](http://www.mvs.edu.sg)

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:

Date:

---

Signature of witness

Name:

Date: