

# Mountbatten Vocational School Application Form

(CONFIDENTIAL)



Singapore Association for the Deaf  
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 of  
Student 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 Parents/Legal Guardian of the child/ward ("Student") who needs to be present when this application is submitted by his/her Parent/Legal Guardian.
2. Documents required:
  - Birth Certificate/Identity Card/Citizenship Certificate
  - Passport (for foreigners)
  - Applicant's report book and other certificates
  - \*\*Medical and/or Psychological report

*\*\*if your child/ward 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 STUDENT'S INFORMATION**

### **A1 STUDENT'S PARTICULARS (Please fill in in BLOCK letters)**

Name: \_\_\_\_\_ Chinese Name (if any): \_\_\_\_\_

Birth Cert/NRIC/FIN/Passport Number: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_  
(optional) (optional)

Gender: Male/Female Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code \_\_\_\_\_

Is the Student living with his/her parents/legal guardian?  Yes  No

If No, please complete the sub-section B3 below.

**A2 STUDENT'S MEDICAL HISTORY***Do not leave blanks, fill in NIL if not applicable.**\*Delete where not applicable.***Disability:** \*Autism / Down Syndrome / Hearing Impaired

Others: \_\_\_\_\_

**Medical Condition:** \_\_\_\_\_**Medication Needed:** \_\_\_\_\_**Allergies:** \_\_\_\_\_**Dietary Requirements:** \_\_\_\_\_**A3 ALTERNATIVE LIVING ARRANGEMENTS (IF APPLICABLE)***To be completed if student is not living with his/her parents/legal guardian.***Main Caregiver:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_**Address of Caregiver (if different from student's residential address):**

\_\_\_\_\_

**Relationship to student:** \_\_\_\_\_**A4 EDUCATIONAL BACKGROUND**

Schools Attended	From	To	Qualifications Attained





## **C FINANCIAL ASSISTANCE (If applicable)**

<b>Financial Assistance Schemes</b>	<b>Year Obtained / Duration</b>

*\*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**

	<b>Please indicate which source</b>
<b>School</b>	
<b>Online</b>	
<b>Word of mouth</b>	
<b>Self</b>	
<b>Others</b>	

## DECLARATION & CONSENT

I/We understand that my/our child/ward as stated in Section A of this application form has special education needs and I/we wish to apply to enrol my/our child/ward for a place at Mountbatten Vocational School ("School").

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

I/We understand that submission of an application does not guarantee a place in the School for my/our child/ward. Admission will still depend on various factors including but not limited to the outcome of the School Screening Assessments by the School's psychologists and educators, a holistic review by the School's Admissions & Review Committee, availability of sufficient physical and teaching resources, class suitability and overall capacity of the School.

I/We hereby declare and undertake that all the information contained in this application form and any additional sheets attached are true and accurate and that I/we have not withheld or misrepresented any material facts relating to my/our child's/ward's medical, psychological, educational or emotional needs. I/We understand that any misrepresentation or withholding of the material facts required in this application form, before or after admission may affect my/our child/ward being offered a place or maintaining his/her enrolment at the School. I/We undertake to inform the School immediately of any change in the information contained in this application form or of my/our wish to withdraw it.

I/We hereby authorize, agree and consent to allow the School to:

- (a) collect, use, disclose and/or process personal data about me/us and my/our child/ward that I/we had previously provided to the School, that I/we now provide the School, that I/we may in future provide the School;
- (b) release the information contained in this application form to relevant professionals and/or government agencies, such as the Ministry of Education and Insurance Company, and for the School to contact the professionals and/or agencies;
- (c) disclose personal data about me/us and my/our child/ward to third party service providers that are engaged by the School to perform certain functions, in connection with this application.

I/We understand that the School's teachers and Case Manager are obligated to arrange home visits announced/unannounced as deemed necessary.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Registered by:**

\_\_\_\_\_  
Name/Designation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 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 website and social media platforms (i.e., Facebook, Instagram, LinkedIn, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Publication of your child's photo and / or work in the school's collaborative partners' website and social media platforms (i.e., Facebook, Instagram, LinkedIn, 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?	<input type="checkbox"/>	<input type="checkbox"/>

*(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)*

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Name of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent / Guardian: \_\_\_\_\_

## ENROLMENT FORM FOR GROUP STUDENT PROTECTION PLAN

### HOW TO ENROL

1. Complete this form
2. Sign and Date it
3. Submit together with cash \$4.00 (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: \_\_\_\_\_



## 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.

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: