

APS	Interest Form			
	te and Confidential)			
	ck where appropriate. group			
Pre-	Nursery			
Nurs	sery			
Kind	lergarten 1			
Kind	lergarten 2			
Please in	dicate your preferred location: NAFA Arts Preschool (Luzerne), 70 Bendemeer Road, S339940 Preferred session: Full Day/ Half Day: AM/PM			
	NAFA Arts Preschool (Bencoolen), 80 Bencoolen Street, S189655 Preferred session: Full Day/ Half Day: AM/PM			
Date of	commencement:			
IMPORT	TANT:			
1.	Please complete <u>all fields</u> provided in the form. Please do not leave any part o Please indicate 'N.A.' if the field is not applicable to you.	f the form vacant.		
2.	Please write the particulars clearly and in block letters so that a proper record is maintained in our system			
3.	All placements will be notified strictly by email only. Parents are advised to check their email regularly and to respond within the grace period given. Parents, who have yet to receive notifications or updates, are encouraged to call the school to check the status of their application.			
4.	Offer of placement is at the sole discretion of the school. The decision of the school regarding admission matters is final.			
5.	Should parents wish to withdraw their application, their place on the wait list queue cannot be transferred to other interested parents. We would like to emphasise that once you have indicated your interest to remove your child from the wait list, we will proceed to release the queue. If there is a subsequent request for reinstatement, your application will be treated on a fresh basis.			
6.	We request that all information provided here be accurate, truthful and updated as to the parents' best knowledge. A false declaration or wilful suppression of relevant information may result in the school withdrawing placement for the child.			
7.	The school may request the child and his/her parents to be available for an interview to clarify details in their application.			
8.	Playgroup class is subject to classroom availability. If the school is unable to operate a Playgroup class in the year your child is due to enrol, we will continue to place her on wait list unless otherwise advised by the parents.			
9.	Priority would be given to parents who opt for the full day programme.			
	Initia	l/Date		

PART 1: PARTICULARS OF CHILD

Please write the particulars ${\it clearly}$ and ${\it in}$ ${\it block}$ ${\it letters}$ so that a proper record is maintained in our ${\it system}$.

Name			Chinese Name		
Address			Postal Code		
Date of Birth	_			Gender : F/M	
ID Type Birth Cert No Race	Birth Certificate Va	FIN Student		·	
	1st / 2nd / 3rd / 4th	No. of Siblings			
•	child/children who is/ride their information:	•	IAFA Arts Preschool?	Y/N	
Child's Name:		Class:	Year Graduat	re:	
2		Class:	Year Graduat	re:	
PART 2: TELL US	ABOUT YOUR CHILD)			
a. Please lis	t your child's medical	history/allergy:			
	child have any diagnoses? If yes, please provi		ons; learning needs o	r physical	
PART 3: PAREN	ΓS PARTICULARS				
Name:		Relations	Relationship:		
Contact no:	(mobile) Ema	ail address:			
	ded that by submitting r school. The results o				
Signature and dat	e:				