

SES PROGRAMMES APPLICATION FORM

For current MAP student

This form comprises of **two** parts and should be submitted along with the **coloured Supplementary Form(s)**.

Part 1 - to be completed by child's parents

Part 2 - to be completed by child's DAS Educational Therapist

1 FOR PARENTS

PARTICULARS

Child's Name (in full): _____

Chinese Name:
(if applicable)

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BC/FIN/IC/Passport No.: _____

Current School Level: _____

Date of Birth: _____
DD / MM / YYYY

For P5/P6 students, please tick: **Standard** **Foundation**

Child's Best Language: _____

Current DAS Learning Centre (refer to legend behind)

<input type="checkbox"/> AMK	<input type="checkbox"/> BDK	<input type="checkbox"/> BJ8	<input type="checkbox"/> CCK	<input type="checkbox"/> CTP	<input type="checkbox"/> JPT	<input type="checkbox"/> PWP
<input type="checkbox"/> QTN	<input type="checkbox"/> REX	<input type="checkbox"/> SKG	<input type="checkbox"/> TPN	<input type="checkbox"/> WDL	<input type="checkbox"/> YSH	

CHOICE OF SES PROGRAMMES

Please choose the programme(s) you wish to sign your child up for.

- | | |
|--|---|
| <input type="checkbox"/> MATHS | <input type="checkbox"/> SPEECH & DRAMA ARTS (SDA) |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> SPEECH & LANGUAGE THERAPY (SLT) |
| <input type="checkbox"/> ENGLISH EXAMS SKILLS (EES) | |

Please indicate if you will be applying for bursary.

YES, I'm applying for bursary.

Kindly fill up the **SES bursary application form**.

NO, I'm not applying for bursary.

CONTACT DETAILS

Name & Signature: _____ Tel: _____

Relationship to child: _____ Email: _____

REFERRAL SOURCE

Where did you hear about SES Programmes?

- | | |
|---|--|
| <input type="checkbox"/> Internet (DAS Website) | <input type="checkbox"/> Internet (other websites) |
| <input type="checkbox"/> Awareness Talks | <input type="checkbox"/> Media (news, radio, newspapers) |
| <input type="checkbox"/> Word-of-mouth from teacher/friend/relative/tutor | <input type="checkbox"/> Others _____ |

Comments on child's ability, needs and behaviour:

2 FOR EDUCATIONAL THERAPIST

Name of Ed T: _____

Student's current MAP Class Day: _____ Time: _____

Day: _____ Time: _____

Comments on student's ability, needs and behaviour:

FOR OFFICIAL USE ONLY

Received by: _____ Learning Centre: _____ Date: _____

LEGEND

AMK	Ang Mo Kio	BDK	Bedok	BJ8	Bishan	CCK	Chua Chu Kang
CTP	Chinatown Point	JPT	Jurong Point	PWP	Parkway Parade	QTN	Queenstown
REX	Rex House	SKG	Sengkang	TPN	Tampines	WDL	Woodlands
YSH	Yishun						

CHINESE SUPPLEMENTARY FORM

This form should be completed by **parents** only.

Kindly note:

1. You will be contacted shortly for a mandatory informal assessment to profile your child for the classes.
2. There will be an administrative handling fee of \$53.50 for non-bursary holders and \$26.75 for bursary holders (inclusive of GST).

Kindly include:

- Copies of your child's Chinese school work (test papers or worksheets)[Not compulsory]

LANGUAGE ABILITIES

1. My child speaks English always often sometimes seldom never
2. My child speaks Mandarin always often sometimes seldom never
3. My child speaks a family dialect always often sometimes seldom never
4. My child speaks in another language as well, please state: _____

Please choose the option that best describes your child's spoken language.

CHINESE LESSONS

- My child is **NOT** exempted from Chinese exams My child is exempted from Chinese exams
 I am applying for Chinese exemption for my child
 For Pri 5/6 students: Higher Standard Foundation

Please provide details of your child's Chinese school results.

CHINESE	Last year		This year	
	Mid-Year	End of Year	Mid-Year	End of Year
Paper 1				
Paper 2				

Please provide details of other Chinese tuition / enrichment programmes your child has attended or is currently attending (if any).

_____ (hours/week) From To
Month / Year Month / Year
 _____ / _____

Chinese classes are available only at the following centres. Please choose 1 preferred learning centre.

- BJ8 JPT PWP QTN REX TPN SKG

FOR OFFICIAL USE ONLY

Received by: _____ Learning Centre: _____ Date: _____

Receipt No: _____ Amount Collected: \$53.50 / \$26.75

**Please dispatch form to Mel (SES Officer) @ REX or email scanned form to mel@das.org.sg*