

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

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FOR PARENTS

PARTICULARS

Child's Name (in full): _____

Chinese Name:
(if applicable)

| | | |
|--|--|--|
| | | |
|--|--|--|

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:

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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 | | | | | | |

MATHS SUPPLEMENTARY FORM

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

Kindly note:

- The Maths Program is for **Primary school students** only. Students must be scoring the following grade on their most recent exam paper.
 - P1 – P4: *(below 40%)*
 - P5 – P6 **Standard:** *(below 75%)*
 - Open to **all Foundation students**
 - **Non - DAS students** with a valid diagnosis of dyslexia and meet the above criteria can be accepted.
- There will be an administrative handling and profiling fee of \$53.50 for non-bursary holders and \$26.75 for bursary holders (inclusive of GST) **IF** a Maths Placement Assessment is required.

Kindly include:

- Copies of your child’s school reports for the past 1 year
- Copies of your child’s Maths school work (CA/SA or worksheets)

MATHS LESSONS

Please provide details of your child’s Math school results.

| MATHS | Last year | | This year | |
|---------|-----------|-------------|-----------|-------------|
| | Mid-Year | End of Year | Mid-Year | End of Year |
| Paper 1 | | | | |
| Paper 2 | | | | |

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

| | | | |
|--|--------------|---------------------------|-------------------------|
| | (hours/week) | From Month / Year / | To Month / Year / |
| | (hours/week) | / | / |

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

- AMK
 BDK
 BJ8
 CCK
 CTP
 JPT
 PWP
 QTN
 REX
 SKG
 TPN
 WDL
 YSH

FOR OFFICIAL USE ONLY

Received by: _____ Learning Centre: _____ Date: _____
 Receipt No: _____ Amount Collected: \$53.50 / \$26.75

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