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APPLICATION FORM FOR ADMISSION INTO PATHLIGHT SCHOOL

Please note that submission of application does not guarantee admission. Admission is based on the outcome of a suitability assessment by Pathlight School's psychologists, careful review by the Admissions & Review Committee, and the availability of sufficient physical and teaching resources.

Child's Personal Particulars:										
Full Name:	As Written on the Birth Certificate/ Identification Document					Chinese Characters if Applicable				
Sex:		Birth Cert. No.:								
Date of Birth:		Current Age:								
Nationality:		Country of Birth:								
Race:		Religion:								
Address:										
Tel. No. (s):										
Home Language		Main Caregiver During the Day								

Child's Education Information:			
School:			
Class:		Session: (AM/ PM)	
Form Teacher:		Tel. No.:	
		Direct Email (if any)	
Address:			
School Performance: (In brief) Attach photocopy of latest examination results and school reports.			

Family Information:

Father's Particulars:			
Full Name:	As Written on the NRIC/ Identification Document		
Date of Birth:		NRIC. No.:	- -
Nationality:		Country of Birth:	
Race:		Religion:	
Education:		Occupation:	
Address: (if different from above)			
Contact. No.:	(Office)	(Hp/ Pgr)	(Others)
Email Address:		Language(s) Spoken:	

Mother's Particulars:			
Full Name:	As Written on the NRIC/ Identification Document		
Date of Birth:		NRIC. No.:	- -
Nationality:		Country of Birth:	
Race:		Religion:	
Education:		Occupation:	
Address: (if different from above)			
Contact. No.:	(Office)	(Hp/ Pgr)	(Others)
Email Address:		Language(s) Spoken:	

Guardian's/ Care Giver's* Particulars:										
* If child is being taken care of by someone other than the parents.										
Full Name:										
Date of Birth:		NRIC. No.:								
Relationship:		Nationality								
Contact. No(s).:	(Home)		(Hp/ Pgr)			(Others)				
Language(s) Spoken:										

Particulars of Siblings' and Any Other Relatives staying with the family:				
Full Name	Sex	Date of Birth	Age	School/ Occupation

Professionals Involved in Child's Care:

(Put 'NA' if not applicable)

Professional	Name	Organisation	Frequency per week/ month/ year
Speech/ Language Therapist			
Occupational Therapist			
Special Teacher			
Home based Therapist			
Paediatrician			
Psychiatrist			
Psychologist			
Other: (please specify)			

Parents' Concerns:

Please describe your main concerns for your child at this time:

Please share with us the following information that is useful for us to understand your child when he/she is upset or has a melt down.

What triggers the meltdown?

What behaviours are displayed when your child is upset or has a meltdown?

What strategies would you use to calm your child down?

Permission to make contact with child's professionals or teachers:

I, _____ (name of parent/ guardian) allow/ do not allow* Pathlight School to make contact with the above professionals or teachers.

Other comments: _____

Signature of Parent

* Please delete appropriately.

Permission for video or audio recording, & photograph taking for teaching purpose:

I, _____ (name of parent/ guardian) give permission for video or audio recording and photo taking of my child for teaching purpose.

Signature of Parent

* Consent is necessary for this portion before the application for admission will be processed.

Person Completing This Form/ Parent's Consent:

Name of Person completing this form/ Relationship: _____

Name of Referral Agency: _____

• Person to Contact/ Designation: _____

• Tel. No./ Email Address: _____

Parent's Consent:

• Name of Parent: _____

• Signature of Parent: _____

• Date _____

For Official Use:

Date Received: _____

Date for 1st Interview: _____