



KENT RIDGE SECONDARY SCHOOL

Heart of a Saint • Passion of an Inventor • Will of an Olympian
147 West Coast Road Singapore 127 368

APPLICATION FORM FOR 2018 DIRECT SCHOOL ADMISSION – SECONDARY (DSA-SEC)

DSA-Sec – (Science, Technology, Engineering and Mathematics - Computational Thinking Skills)

Please submit the completed application form, together with relevant supporting documents, to the school's General Office by **2 July 2018, 5.30 pm**. The application form should be submitted in person and attention to:

Ms Sally Chow

Re: DSA-Sec Application – Science, Technology, Engineering and Mathematics (Computational Thinking Skills)

PART A: PERSONAL PARTICULARS

Name (in full):		<i>Recent Passport Sized Photograph of Applicant</i>
Residential Address:	BC No. / FIN No. / Passport No. *:	
	Contact Number Home No.: Child's / Ward's Handphone No.*:	
Name of Parent/ Guardian: Mr/Mrs/Mdm/Dr*		Relationship with Applicant:
Contact Number: (Home): (HP):		
Email:		
Date of Birth (DD/MM/YYYY):	Primary School:	Class:
Nationality*: Singaporean / Permanent Resident / International Student (state country of origin: _____)	MOE Registration No. (for International Students, Returning Singaporeans and PRs not in MOE mainstream schools only):	
Applicant's Email:	Race:	Gender: Male / Female*

**Delete where inapplicable*

PART B: ACADEMIC RECORDS

Subjects	Primary 4 End-Year (Overall %)	Primary 5 End-Year (Overall %)	Primary 6 Mid-Year (Overall %)
English Language			
Mathematics			
Science			
Mother Tongue Language: Chinese / Malay / Tamil / Others (_____) / Exempted*			
Higher MTL (_____) <i>if applicable</i>			
Conduct			

**Delete where inapplicable*

PART C: CO-CURRICULAR ACTIVITIES (CCA) & LEADERSHIP

Areas	Period (Year)	Description
Co-curricular Activities	<i>E.g. 2016 E.g. 2017</i>	<i>E.g. Member of Robotics Club E.g. Member of Mathematics Club</i>
Leadership Positions held in school	<i>E.g. 2016 E.g. 2017</i>	<i>E.g. Prefect E.g. Chairperson of Mathematics Club</i>
Others (Please specify)		

PART D: VALUES-IN-ACTION

Name of Project	Organisation	Year	Role
<i>E.g. Fundraising for ABC Children's Home</i>	<i>E.g. School</i>	<i>E.g. 2017</i>	<i>E.g. Volunteer</i>

PART E: AWARDS/ SCHOLARSHIPS/ ACHIEVEMENTS[#]

Title of Award, Scholarship, Achievement (state placing)	Year Awarded/ Achieved
<i>E.g. Edusave Award</i>	<i>2017</i>

[#] Attach supporting documents

PART F: PORTFOLIO AND ARTEFACTS[@]

Name of Work / Product	Year Completed

[@] Attach relevant documents or pictures of design or robotics-related product to this application form. Shortlisted applicants may wish to bring one design or robotics-related product during the trial.

PART G: HEALTH DECLARATION

Please complete the following health declaration.

Medical Condition	YES/NO	If YES, please describe and state also the measures to take in the event student suffers from the declared medical condition. (To be substantiated with written medical information)
Epilepsy		
Periodic Loss of Consciousness (E.g. fainting spells)		
Heart Condition		
Respiratory Disorder E.g. Asthma		
Bone/ joint injury/ spinal/ back injury (e.g. slipped disc)		
Is your child/ward on regular medication?		
Has your child/ward been specifically told by a medical practitioner to modify his/her physical activity?		
Other relevant medical information (E.g. Special learning needs, dyslexia, autism, ADHD)		

I am aware that by signing this application form, I am consenting to the school and its staff (including Form Teachers, PE teachers, CCA teachers and other authorized school personnel) using the information contained herein for the purposes of (a) updating any student information databases managed by the school or the Ministry of Education, (b) planning and conducting the school's programmes and (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, healthcare providers, and other parties in order to ensure the safety and well-being of my child/ward.

Parent/ Guardian's* Signature and Date

**Delete where inapplicable*

PART H: DECLARATION BY PARENT/GUARDIAN* OF APPLICANT

I certify that the information provided in this application is true. I understand that if any information is false or invalid, the application will be rejected.

I also understand that once my child/ward* is successfully allocated to Kent Ridge Secondary School, he/she will NOT be allowed to participate in the annual Secondary One Posting Exercise to opt for secondary schools, and are expected to honour the commitment to Kent Ridge Secondary School for the entire duration of the programme. He/She and will also NOT be allowed to transfer to another school after the release of the PSLE results.

I have submitted the following documents:

- Copy of my child/ward's school's relevant CCA and VIA records.
- Copy of my child/ward's school Primary 4 and 5 Overall results and Primary 6 Mid-Year results. *(Applicants not from MOE mainstream schools are to submit equivalent documents.)*
- Any other relevant supporting documents (e.g. Certificate of Participation at external competitions or events).
- Signed Health Declaration (Part G)

Name of Parent/ Guardian*

NRIC/Passport No.

Signature

Date

**Delete where inapplicable*

FOR OFFICIAL USE ONLY

CHECKLIST

<ul style="list-style-type: none"><input type="checkbox"/> Check if applicant needs to obtain a Registration Number from MOE Customer Service Centre (<i>Applicants not from MOE mainstream schools</i>)<input type="checkbox"/> Copy of school's relevant CCA and VIA records.<input type="checkbox"/> Copy of Primary 4 and 5 Overall results and Primary 6 Mid-Year results. (<i>Applicants not from MOE mainstream schools are to submit equivalent documents.</i>)<input type="checkbox"/> Any other relevant supporting documents (e.g. Certificate of Participation at external competitions or events).<input type="checkbox"/> Signed Health Declaration (Part G)
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RECEIVED BY

Name of school staff:	Date:
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STATUS OF APPLICATION

<input type="checkbox"/> CO	<input type="checkbox"/> WL	<input type="checkbox"/> Rejected
Remarks:		
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