



SUMMER SCHOOL 2025

APPLICATION FORM

Child's Information

Child's First Name: _____ Child's Last Name: _____
Child's Date of Birth (mm/dd/yy): _____ Child's Nationality: _____
Language spoken at home: _____ Name of Current School: _____
Address of Current School (otherwise Last School): _____

Parent's Information

Parent's Name: _____ Contact Number: _____
Parent's Email: _____

Please enroll my child in:

- | | |
|---|---|
| <input type="checkbox"/> Summer School Program | <input type="checkbox"/> Literacy & Maths Program |
| <input type="checkbox"/> Regular Program (09:30am-2:30pm) | <input type="checkbox"/> Regular Program (09:30am-2:30pm) |
| <input type="checkbox"/> All-Day Program (09:30am-5:00pm) | <input type="checkbox"/> All-Day Program (09:30am-5:00pm) |

Sessions:

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> 16 - 20 June | <input type="checkbox"/> 7 - 11 July | <input type="checkbox"/> 28 July - 1 August | <input type="checkbox"/> 18 - 22 August |
| <input type="checkbox"/> 23 - 27 June | <input type="checkbox"/> 14 - 18 July | <input type="checkbox"/> 4 - 8 August | |
| <input type="checkbox"/> 30 June - 4 July | <input type="checkbox"/> 21 - 25 July | <input type="checkbox"/> 11 - 15 August | |

Additional Services

Early Bird

Please specify at what time you would like to drop your child off: _____

Extended Care

Please specify at what time you would like to pick up your child: _____

Bus Service

- Pick-up Bus Service
 Drop-off Bus Service
 Pick-up and Drop-off Bus Service

Please specify the address for the bus service pick-up/drop-off: _____

Lunch Boxes

Please specify the days of the week you would like to order Lunch Boxes: _____

Private Tutoring (60min session)

Please specify your preferred days & times for private tutoring (subject to availability): _____

Any other requests, please write it here:

Parent(s) Signature: _____

Date: _____