

STUDENT CARE REQUEST FORM

Pro-Teach Schoolcare (Ai Tong Branch) Pte Ltd

100 Bright Hill Drive Block E Level 1 Singapore 579646

Tel: 6456 0919

Email: aitong@pro-teach.com

Pro-Teach

P1 (2018)

Please complete the Request Form to help us understand your need for care options for your child outside of school hours. **Kindly submit your form via email or by hand latest by 29 September 2017 (Friday).**

Please look out for our acknowledgement email to inform that we have received your Request Form.

Together with Ai Tong School, Pro-Teach will evaluate your child's need for after school care services before issuing an official Registration Form. We will inform you of the outcome by **13 October 2017** via email (preferred) or phone.

Do contact us in the event you do not hear from us after 13 October 2017. Thank you.

PARENTS, PLEASE NOTE THAT INCOMPLETE FORM AND LATE SUBMISSION WILL NOT BE CONSIDERED.

Student's Particulars

Name _____	Nationality <input type="checkbox"/> S'porean <input type="checkbox"/> PR <input type="checkbox"/> Others _____
Date of Birth _____ / _____ / _____ (DD / MM / YY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____
Home Address _____	

Parent's Particulars

	Father / Guardian	Mother / Guardian
Name		
Nationality	S'porean / PR / Others	S'porean / PR / Others
Marital Status	Single / Married / Separated / Divorced / Widowed	Single / Married / Separated / Divorced / Widowed
Employment Status	Employed / Not Employed	Employed / Not Employed
Name of Company		
Contact no. (R)	(Hp)	(R) (Hp)
(O)		(O)
Email Address (please write clearly)		

Questionnaire

- A) My child is eligible to apply for the MOE Financial Assistance Scheme (FAS) as Yes No
our monthly gross household income does not exceed \$2,500/- or
our monthly gross per capita income* does not exceed \$625/-.
** total gross household income (all working adults) divided by total no. of family members within the same household
(payslips will be required at later stage for verification)*
- B) There are 4 or less family members living at the above Home Address and our Yes No
monthly gross income does not exceed \$4,000/-.
(payslips will be required at later stage for verification)
- C) There are at least 5 family members living at the above Home Address and our Yes No
monthly gross per capita income* does not exceed \$1,000/-.
** total gross household income (all working adults) divided by total no. of family members within the same household
(payslips will be required at later stage for verification)*

D) I have a domestic helper. Yes No

** special documents will be required at later stage for verification*

E) My child has _____ sibling(s).
(Please proceed to Question F if you have more than 1 child).

F) Please provide the following information if you have more than 1 child.

Name of sibling: _____
Age (Yr 2017): _____
Class (if studying in ATS): _____
Currently in Pro-Teach Ai Tong: Yes / No
Currently on Pro-Teach Ai Tong Wait List: Yes / No

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Name of sibling: _____
Age (Yr 2017): _____
Class (if studying in HWS): _____
Currently in Pro-Teach Ai Tong: Yes / No
Currently on Pro-Teach Ai Tong Wait List: Yes / No

Name of sibling: _____
Age (Yr 2017): _____
Class (if studying in HWS): _____
Currently in Pro-Teach Ai Tong: Yes / No
Currently on Pro-Teach Ai Tong Wait List: Yes / No

G) If the application is successful, I would like my child to commence on ____/____/ 2018 (date of commencement).

H) Special reasons for requiring the student care service _____

**I, the undersigned, declare that the above information provided is true to the best of my knowledge.
Any non-factual declaration will result in forfeiture of seats.
Should my request be accepted, I will follow up with the submission of supporting documents
eg. child's birth certificate, parents' payslips and etc. at the point of request.
I understand that Pro-Teach is an independent student care operator who does not receive any
funding from the Government. We are not part of the MOE FAS scheme.**

Signature: _____
Name: _____
Date: _____
Relation to child: _____

