



# APPLICATION FOR ADMISSION \_\_\_\_\_

Name \_\_\_\_\_

For Level \_\_\_\_\_ Gender \_\_\_\_\_

Recent  
COLOUR  
Photographs  
with white  
background**APPLICANT DETAILS**

Full Name		Date of Birth ( DD / MM / YYYY )
Local Address		Stays with <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Others _____
Postal Code	Home Tel No	Handphone No
Email Address		
Birth Cert No	Race	Religion
Place of Birth	Mother Tongue Subject <input type="checkbox"/> Chinese Language <input type="checkbox"/> Other _____	
Pass Type <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Student's Pass <input type="checkbox"/> Dependant's Pass <input type="checkbox"/> Long Term Visit Pass <input type="checkbox"/> Others _____ <input type="checkbox"/> NIL		
FIN / NRIC NO.	<i>For FIN</i> Expiry Date ( DD / MM / YYYY )	Have HPB Ref No. <input type="checkbox"/> No <input type="checkbox"/> Yes _____

**For Foreign Student and Singapore PR Only**

Nationality	Passport No	
Place of Issue	Issue Date ( DD / MM / YYYY )	Expiry Date ( DD / MM / YYYY )

**EDUCATION BACKGROUND (INCLUDING COURSES ATTENDED IN SINGAPORE)**

Name of Schools (in Chronological Order)	Country (State/Province)	Language of Instruction	Period of Study		Highest Level	
			From (DD/MM/YYYY)	To (DD/MM/YYYY)	Level Equivalent	Course

**COUNTRIES APPLICANT HAS RESIDED FOR ONE YEAR OR MORE DURING THE LAST FIVE YEARS**

Country	Address	Period of Stay	
		From (MM/YYYY)	To (MM/YYYY)

**SIBLINGS DETAILS**

Name	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Nationality
Date of Birth ( DD / MM / YYYY )	FIN / NRIC NO.	Are you currently studying in SYAS <input type="checkbox"/> Yes Class _____
Name	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Nationality
Date of Birth ( DD / MM / YYYY )	FIN / NRIC NO.	Are you currently studying in SYAS <input type="checkbox"/> Yes Class _____

**PARENTS DETAILS**

<b>Father's Full Name</b>		
Date of Birth (DD / MM / YYYY)	Occupation	
Valid Pass Type <input type="checkbox"/> NIL <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Dependant's Pass <input type="checkbox"/> Long Term Visit Pass <input type="checkbox"/> Employment Pass <input type="checkbox"/> Others _____		
FIN / NRIC NO.		<b>For FIN</b> Expiry Date (DD / MM / YYYY)
Nationality	Passport No	Expiry Date (DD / MM / YYYY)
Contact No	Email Address	

<b>Mother's Full Name</b>		
Date of Birth (DD / MM / YYYY)	Occupation	
Valid Pass Type <input type="checkbox"/> NIL <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Dependant's Pass <input type="checkbox"/> Long Term Visit Pass <input type="checkbox"/> Employment Pass <input type="checkbox"/> Others _____		
FIN / NRIC NO.		<b>For FIN</b> Expiry Date (DD / MM / YYYY)
Nationality	Passport No	Expiry Date (DD / MM / YYYY)
Contact No	Email Address	

<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/> Others _____
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**AGENT DETAILS (ONLY FOR ACTIVE/ REGISTERED AGENT WITH SYAS)** Please contact Business Office for any queries

Company's Name	Agent Name
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**GUARDIAN / PRIMARY PARENTAL CONTACT PERSON DETAILS**  
(Guardian must be a resident of Singapore – Singaporean or SPR or any valid pass holder)

Full Name		(According to NRIC/Passport)
Date of Birth (DD / MM / YYYY)	Occupation	
Valid Pass Type <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Dependant's Pass <input type="checkbox"/> Long Term Visit Pass <input type="checkbox"/> Employment Pass <input type="checkbox"/> Others _____		
FIN / NRIC NO.		<b>For FIN</b> Expiry Date (DD / MM / YYYY)
Local Address		
Postal Code	Handphone No	Home Tel No
Email Address		
Relationship to the student	Do you travel regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**For Singapore PR and non-Singaporean guardian Only**

Nationality	Passport No	Expiry Date (DD / MM / YYYY)
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\*Circle where applicable

## DECLARATION BY STUDENT

1. I agree to enter into the Student Contract with SYAS.
2. I will abide by the school's standards, rules, regulations and disciplinary practices, and also the laws of the country, including Immigration and Checkpoints Authority (ICA) regulations for foreign students. I understand that failure to do so may result in my being withdrawn from school. Therefore, I read and understand by acknowledging the following with my signature in the box provided below:

*Student's Signature*

- 2.1 I can be asked to withdraw from school due to unsatisfactory conduct.
- 2.2 I will not have any tattoos on my body.
- 2.3 I will not smoke, drink alcoholic drinks or abuse drugs.
- 2.4 I will not have coloured hair, nails or contact lenses.
- 2.5 I declare that I do not have any criminal record.

3. I agree to follow the school's curriculum, accept its schedule, study the required subjects, take the required examinations and participate in required Co-Curricular Activities (CCAs). **Note: For Primary 2 & Primary 3 students, it is compulsory to attend the Adventurer Club.**
4. I will ensure that any private tuition or activity that I may have will not interfere with any school activity that involves me.
5. I understand that the school does not approve absences of a non-medical nature or requests for leave from school for any length of time, and that for any successive absences of more than 7 school days the school can treat it as I have voluntarily withdrawn myself from school and the school reserves the right to inform ICA to cancel my Student's Pass (STP), as applicable.
6. I understand that if my attendance falls below 90% in any month or if I am absent for seven or more successive school days without a valid reason, the school will report to ICA as required and I am liable to have my STP revoked by ICA.
7. I agree to surrender my STP to the school immediately without fail upon withdrawal from school.
8. I understand that if I am withdrawn from school, refund of fees, if any, will be in compliance with the Student Contract with SYAS.
9. I understand that the school will not refund any course fees, in part or in full, if I am expelled / asked to withdraw from school.
10. I declare the following as requested by ICA:
  - 10.1 Have you ever been refused entry into or deported from any country, including Singapore?  Yes  No
  - 10.2 Have you ever been convicted in a court of law in any country, including Singapore?  Yes  No
  - 10.3 Have you ever been prohibited from entering Singapore?  Yes  No
  - 10.4 Have you ever entered Singapore using other travel documents with different particulars?  Yes  No

If any of the answer is "YES", please furnish details to the school via email to [admissions@syas.edu.sg](mailto:admissions@syas.edu.sg)

11. I understand that this is a Christian mission school and will attend chapel, Bible classes, and take the Bible assessments and respect praying as part of school life.
12. I understand that I will withdraw myself from the school if I do not fulfil any of the above or is discovered to have contravened any of the above after being admitted into the school.

## DECLARATION BY APPOINTED GUARDIAN

As the appointed guardian of the student, I will act on behalf of the parent(s) for any school matters concerning the student/applicant and undertake the responsibility to the below items:

1. Be a **resident** in Singapore, **contactable** at all times by the student and the school.
2. **Notify** the school immediately if there are any changes concerning the student, change of address, contact numbers etc.
3. Be **aware** of all school matters concerning the student such as administrative matters, academic matters, etc.
4. **Inform** the parent(s) of the student directly regarding any matter that the school has conveyed to me, and understand that the school will not be held responsible for the parent(s)' ignorance of the matter.
5. Be **responsible** for any information/report sent by the school to my contact details and will act on or reply to it promptly.
6. **Demand** from the student regular test/ exam/ term reports, sign them, return them to the school, and inform the parent(s).
7. **Supervise** the student to ensure that the student complies with all school and ICA requirements.

8. **Cooperate** with the school concerning the studies, welfare and discipline of the student.
9. **Inform** the school and the parent(s) of the student if I cease to be the local guardian of the student.
10. **Inform** the school if the student failed to attend school without any valid reason.
11. **Inform** the school in writing two weeks in advance if the student is withdrawing from the school.
12. **Ensure** that the student surrenders his/her STP to the school immediately upon his/her withdrawal from the school or at any point in time when the school terminates his/her studies for any reasons deemed reasonable by the school

**DECLARATION BY PARENT/ GUARDIAN (ON BEHALF OF PARENT(S) FOR STUDENT WHOSE PARENTS ARE NOT RESIDING IN SINGAPORE)**

1. I understand and accept the policy and conditions governing all school matters which includes but not limited to the enrolment and admission of my child into the school. I agree to abide by these policy and conditions including the strict discipline of the school in attendance, punctuality, uniform, behaviour and school work.
2. I understand and accept the school's policy on Parents' and Guardians' Conduct (refer to the school's website and Student Handbook for detailed information).
3. I understand and accept that this is a Christian school and it is compulsory to attend chapel and Bible Knowledge class. Therefore, I have no objection to my child attending chapel and Bible Knowledge class.
4. I declare that my child is not suffering from any mental impediment or abnormality.
5. I declare that to the best of my knowledge all of the information which I have supplied to the school directly and/or through my appointed guardian is full and accurate. I acknowledge that withholding relevant information relating to my child's physical, medical or educational needs may affect my child's application and/or enrolment. I undertake to inform the school immediately of any change in the particulars of my child or of my wish to withdraw. There is no refund of fees for such cases.
6. I understand that the Principal may require at any time the withdrawal of my child from the school for any cause judged by the Principal in his/her absolute discretion to be reasonable. Reasonable causes may include matters such as my child's misconduct or my child's inability to participate in and benefit fully from the school curriculum without extensive individual assistance. It may also include the failure at the stage of applying for a place in the school to declare accurately and fully the extent of my child's individual educational needs. There is no refund of fees for such cases.
7. I understand and agree that if I want to withdraw my child's enrolment after signing the Student Contract and payment of course fees, the fees will be refunded in accordance to the Refund Policy stipulated in the Student Contract, and I am not entitled for further refund.
8. **For Primary 2 & Primary 3 students.** I agree to my child's participation in the compulsory CCA – the Adventurer Club.

**ACKNOWLEDGEMENT**

We hereby declare and agree that:

1. We have read and understood the declarations stated in this form which constitutes a contractual agreement between the school and us.
2. In case of emergency during school hours, the school will exercise its discretion in calling an ambulance to transport the student for medical treatment, and school will inform parent/guardian of the student's whereabouts as soon as the school receives information.
3. Student's photos can be used for school-related activities and display on the school's website/notice boards/newsletters.
4. We hereby warrant that all the information we have submitted in this form is true and accurate to the best of our knowledge. We further understand that any personal data which we have provided in this form may be processed by SYAS or any of its vendors and/or subcontractors ("SYAS connected entities") both locally and overseas and we expressly consent to such processing for the purposes specified in SYAS's Privacy Policy. Please refer to SYAS's Privacy Policy at <https://syas.edu.sg/pages/personal-data-protection-policy> for more details.
5. We also warrant that we have obtained all necessary consents from any third party for SYAS to disclose any personal data belonging to such third party as well as for the onward disclosure or processing of such third-party personal data by SYAS.
6. We understand that any personal data disclosed by us herein will be retained by SYAS's connected entities as long as any of the purposes set out in SYAS's Privacy Policy remain valid.

\*Parent / Guardian's Name and Signature

Date

Student's Name and Signature

Date

\*Circle where applicable