



Reference No :

APPLICATION FORM FOR ADMISSION INTO EDEN SCHOOL

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

PUPIL'S PERSONAL PARTICULARS					
Name as in BC/NRIC			Sex		Affix photograph
Date of Birth	Age	BC/NRIC No.			
Citizenship	Race	Religion			
Language / Dialect spoken at home					
Language written (if any)					
Name of current school / kindergarten (if any)			No of years attended		
			Highest level attained		

Family Information:	FATHER	MOTHER
Name as in NRIC		
NRIC No.		
Citizenship		
Date of Birth / Age		
Race		
Religion		
Occupation		
Monthly Salary (nett)		
Academic / Professional Qualification		
Language (s) Spoken /		
Home Address		
Email Address		
Contact No. Home: Office: Handphone		

Particulars of Guardian / Care Giver (if pupil is not in the care of the parents.)		
Name as in NRIC		
NRIC No.	Age	Race
Relationship	Religion	
Home Address		
Telephone No: (H)	(O)	(HP)

Particulars of Siblings' and Any Other Relatives staying with the family:			
Name	Date of Birth	Relationship	Occupation (State monthly nett salary if working)

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)			

Parent's Concens:

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?

Accommodation Type (Please tick ✓ relevant type)

- | | |
|--|---|
| 1) HDB 1/2/3/4/5 Rm* () | 5) Semi-detached House () |
| 2) HDB Executive / HUDC () | 6) Bungalow House () |
| 3) Condominium () | 7) Others (specify) _____ |
| 4) Terrace House () | *Please delete accordinglu |

OTHER INFORMATION

Pupil's Daily Living Skills (Please tick ✓ relevant)

<i>Skill</i>	<i>Independent</i>	<i>Partial Assistance</i>	<i>Totally Dependent</i>
Feeding			
Bathing			
Grooming			
Dressing			
Toileting			

Transport Mode

Please indicate (tick ✓ one of the following) the mode of transport to school if your child's application is accepted.

MRT		Public Bus		School Bus		Private Bus		Others	
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General

Has the pupil applied to other SPED schools? Yes / No * (Delete as appropriate)

If yes, state the school(s):

Contact Person:

Tel No.

Reason for applying to other SPED School:

Signature of Parent / Guardian :

Name of Parent / Guardian :

Date of Application :



EDEN SCHOOL

MEDICAL REPORT FORM

Instructions: To be completed by a qualified Medical Practitioner

PUPIL'S PARTICULARS

Name as in BC / NRIC : _____

BC / NRIC No. : _____ Sex : _____

Date of Birth : _____

BIRTH AND DEVELOPMENTAL HISTORY

MEDICAL BACKGROUND

1. Type of Disability : _____

2. Cause (please circle) : _____

Congenital Psychosocial Infection Trauma
Neoplasm Perinatal Unknown Others : _____

3. Year of Disability : _____

4. Currently on Medication? Yes / No * (Delete as appropriate)

If yes, please specify : _____

Allergy, if any : _____

FAMILY HISTORY

Any family member with history of mental illness / other disabilities? Yes / No*

If yes, please specify: _____

PHYSICAL EXAMINATION RESULT

Height: _____ Weight: _____ Head circumference: _____

Dysmorphic Features: _____

Vision: R 6/ _____ L 6/ _____ Squint: Yes / No*

Other complications: _____

Hearing: R Ear _____ L Ear _____

Other complications: _____

Heart: _____

Lungs: _____

Abdomen: _____

Musculoskeletal System: _____

Diagnosis: _____

COMMENTS / RECOMMENDATIONS

Name of Doctor: _____ Signature: _____

Official Stamp: _____ Date: _____