

## Student Care Service Request Form

Please complete the Request Form to help us understand your need for student care options for your child/ward. **Submit your duly signed form to us via email fernvale.admin@pro-teach.com or at the school's general office during office hours.**

School-based student care centre primarily caters to children with more immediate need for after-school student care support. After evaluating with the school, Pro-Teach will notify the outcome via email or sms.

**PLEASE NOTE THAT INCOMPLETE FORM AND LACK OF SUPPORTING DOCUMENTS 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 _____ <small>(DD / MM / YY)</small>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____
Birth Cert No _____				
Home Address _____	Class _____			

### 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)
<b>Email Address</b> <small>(please write clearly)</small>	_____	_____

### Questionnaire

- A) My child is under the MOE Financial Assistance Scheme (FAS) as the monthly gross household income (before CPF deduction) does not exceed \$2,750/- or \$690/- per capital income.  Yes  No
- B) What is your family size and income range? You only need to tick **ONCE under each category.**

Family Size	Monthly Gross Income of All Working Adults in my household (before CPF deduction)
<input type="checkbox"/> There are <b>2 to 4</b> family members at the above Home Address.	<input type="checkbox"/> \$2,500 or below
<input type="checkbox"/> There are <b>5</b> family members at the above Home Address.	<input type="checkbox"/> \$2,501 to \$3,000
<input type="checkbox"/> There are <b>6</b> family members at the above Home Address.	<input type="checkbox"/> \$3,001 to \$3,500
<input type="checkbox"/> There are <b>7</b> family members at the above Home Address.	<input type="checkbox"/> \$3,501 to \$4,000
<input type="checkbox"/> There are <b>8</b> family members at the above Home Address.	<input type="checkbox"/> \$4,001 to \$5,000
<input type="checkbox"/> There are <b>9</b> family members at the above Home Address.	<input type="checkbox"/> \$5,001 to \$6,000
<input type="checkbox"/> There are <b>10</b> family members at the above Home Address.	<input type="checkbox"/> \$6,001 and above

C) Pro-Teach closes at 7pm from Mondays to Fridays. My child will be picked up by:

Parents                       Grandparents                       I will give the consent to my child to walk home on his/her own.

Others (pls specify) \_\_\_\_\_

D) My child has \_\_\_\_\_ sibling(s).

Name of sibling: _____ Age : _____ Is he/she a student of Fernvale PS? <input type="checkbox"/> Yes <input type="checkbox"/> No Class (if studying in Fernvale PS): _____	Name of sibling: _____ Age : _____ Is he/she a student of Fernvale PS? <input type="checkbox"/> Yes <input type="checkbox"/> No Class (if studying in Fernvale PS): _____
Name of sibling: _____ Age : _____ Is he/she a student of Fernvale PS? <input type="checkbox"/> Yes <input type="checkbox"/> No Class (if studying in Fernvale PS): _____	Name of sibling: _____ Age : _____ Is he/she a student of Fernvale PS? <input type="checkbox"/> Yes <input type="checkbox"/> No Class (if studying in Fernvale PS): _____

E) I have a domestic helper.                       Yes     No

F) Special reasons for requiring the student care service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G) If the application is successful, I would like my child to commence on \_\_\_\_\_ ( MM / YYYY ).

**I, the undersigned, declare that the above information provided is true to the best of my knowledge.  
I understand that upon request by the centre, supporting documents must be submitted.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relation to child: \_\_\_\_\_

**Please submit the following documents with this form (mandate) :**

- Child's birth certificate
- Parent's/ Guardian's latest 3 months payslip or CPF contribution statement
- For parents who are self-employed, please submit your latest IR8A or latest 6-months CPF Contribution Statement
- If the child belongs to a single-parent household, kindly provide documents confirming the status

