

Application No.:

Date of Application: Y M D

Applicant
Photo

Application Form for Admission 2020/2021

Section 1: Student Personal Details

Student's Name (in English): _____ (in Chinese): _____

Nationality: _____ Gender: ☐ Male ☐ Female Age: _____

Date of Birth: _____ Y _____ M _____ D Place of Birth: _____

Address: _____ Contact Tel: _____

Sibling details:

Sr. No.	Name	Age	Where studying/working
1			
2			
3			

Section 2: Student Education Background

➤ Class Applied: ☐ Toddler ☐ Preschool ☐ Pre-K ☐ Kindergarten

➤ Previous school attended: _____

Previous Class having attended: Toddler / Preschool / Pre-K / Kindergarten

Dates attended: From _____ to _____

Reason of leaving: _____

➤ Language(s) commonly spoken at home: (1) _____ (2) _____ (3) _____

Section 3: Parents Information

Mother/Guardian#1:

Name: _____

Marital Status: ☐ Married ☐ Divorced

☐ Single ☐ Widowed

Father/Guardian#2:

Name: _____

Marital Status: ☐ Married ☐ Divorced

☐ Single ☐ Widowed

Occupation: _____

Work Address: _____

Mobile Phone: _____

Email: _____

Occupation: _____

Work Address: _____

Mobile Phone: _____

Email: _____

Section 4: Student Profile

Social Relationships

➤ Please check items below that describe your child:

- | | | | | | |
|---------------------------------------|--------------------------------------|------------------------------------|---------------------------------|---------------------------------|----------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Friendly | <input type="checkbox"/> Moody | <input type="checkbox"/> Clumsy | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Quiet | <input type="checkbox"/> Shy | <input type="checkbox"/> Even-tempered |
| <input type="checkbox"/> Good-natured | <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Attentive | <input type="checkbox"/> Sleepy | | |
| <input type="checkbox"/> Other: _____ | | | | | |

➤ Does your child have previous group experience? (Where / How long?)

➤ How does your child react when you leave him/her?

Routines

➤ How does your child independent ability?

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Able to work on tasks independently | <input type="checkbox"/> Requires frequent assistance on most tasks |
| <input type="checkbox"/> Confident, likes to attempt new things | <input type="checkbox"/> Reluctant to try new things |
| <input type="checkbox"/> Very uncertain, needs much encouragement | |

➤ ☐ Yes ☐ No Is your child toilet trained?

Describe assistant needed and word used: _____

➤ ☐ Yes ☐ No Does your child nap: When? _____ How long? _____

➤ ☐ Yes ☐ No Does your child have a regular bedtime schedule?

➤ What time does your child go to bed at night? _____ Wake up? _____

- ☐ Yes ☐ No Does your child have trouble sleeping? _____
- If Yes, ☐ Night Terrors ☐ Trouble going to sleep ☐ Other _____
- Describe any special characteristics or needs (special dolls, blankets, story, mood on walk etc.): _____
- _____

Health

- Any allergies (food, environment, etc.)? Please list: _____
- Does your child have dietary requirements?
- ☐ Yes ☐ No If Yes, describe: _____
- Does your child have frequent...
- ☐ Fevers ☐ Cold ☐ Sore throats ☐ Ear aches/infections ☐ Stomachaches
- ☐ None ☐ Other _____
- Has your child had any serious accidents /operations /illness within the last 12 month?
- ☐ Yes ☐ No If Yes, describe: _____
- _____
- Has or does your child have any know special medical, physical or emotion needs which could affect his / her performance in the classroom, or limit participation in activities or field trips, etc.?
- ☐ Yes ☐ No If Yes, describe: _____
- _____

***** Please indicate whether or not your child has any known, or suspected, special educational, emotional, social or health needs, or whether they have been assessed for any such needs in the past. Provide any comments or information concerning your child's development that maybe relevant to your child's performance in the classroom or elsewhere. Incorrect or withheld information on the admission application may affect continued enrolment, and if school deems that it is unable to meet my child's needs, or if additional provision can't be mutually agreed, then the school reserves the right to ask parent to withdraw the child from Princeton. *****

Development History

- ☐ Yes ☐ No Is your child able to verbalize his/her needs?

Please elaborate if necessary: _____

- Has your child learned to:

☐ Say nursery rhymes? ☐ Say his/her name? ☐ Listen to stories? ☐ Sing songs?

☐ State his/her age/sex? ☐ Count? How far: _____ ☐ Dress self independently?

☐ Follow simple directions? ☐ Recognize & name common objects? ☐ Throw and catch a ball?

☐ Name basic colors? ☐ Hopping? ☐ Balance on one foot? ☐ Draw a person?

☐ Other: _____

General Information:

- What are some of your child's favorites?

Foods: _____

Toys: _____

Actives/Interests: _____

Stories & Songs: _____

- Is there anything else you would like us to know about your child? (i.e.: tends to wander away from group, fearful of loud noise, etc.) _____

Section 5: Parent Survey

- a) Why have you chosen to apply for a PICLC school?

(Please select at least 1 or a maximum of 3 reasons below)

☐ Curriculum ☐ Inspiring children's curiosity ☐ Instilling joy of learning ☐ Quality of teachers

☐ English-medium education

- ☐ Studying in relaxed atmosphere ☐ Well-rounded education
- ☐ Inclusive environment ☐ Through schooling ☐ School fees ☐ School location
- ☐ School campus and facilities ☐ There are vacancies available ☐ Others _____

b) What were the most influential sources of information that have affect your decision in choosing a school for your child?

(Please select at least 1 or a maximum of 3 reasons below)

- ☐ School visits/ information seminars/ education exhibitions
- ☐ Word of mouth/ recommendation from friends
- ☐ School websites
- ☐ School admission materials such as brochures
- ☐ School guides/ educational or parenting publications
- ☐ Educational information websites/ official school ratings
- ☐ Educational /relocation consultants
- ☐ Advertisements/ direct mailing materials (print or on line)
- ☐ Newsletters, media coverage on the school or its students/ teachers
- ☐ Discussion on online forums, groups, etc.
- ☐ Others _____

c) How the parents/guardians would be able to become actively involved in the school community?
(e.g. Parent teacher association, sharing career expertise and guidance, school fair, class volunteer, etc.)

Thank you for your participation

Signature of Parent/Guardian: _____

Date: _____