



520 North Bridge Road #05-01
 Wisma Alsagoff Singapore 188742
 Tel: +65 6511 6833
 Email: admissions@citycollege.edu.sg
 Website: www.citycollege.edu.sg

**Private &
 Confidential**
 机密文件

Local Student Application Form

For Official Use	
Date Received _____	
Referral by Ex / Current Student _____	(Full Name / Batch)

Please submit your application with 1 recent photo showing clearly your face with no headscarf or cap covering your forehead.

Please write your full name at the back of the photo

Programme Selection
<input type="checkbox"/> Preparatory Course for GCE 'O' Level (Intensive) – Jan / Feb Intake 201__
<input type="checkbox"/> Preparatory Course for GCE 'N' Level (Intensive) – Jan Intake 201__
<input type="checkbox"/> Diploma in Professional Photography - Feb / Aug 201__
<input type="checkbox"/> Diploma in Music Production - Feb / Aug 201__

Instructions: This application form is to be duly completed to enroll into City College. Please ensure that the documents in the 'Application Checklist' are ready to be submitted along with this form. You will also be required to complete the admission consent into City College at the last page of this form.

1. APPLICANT'S PARTICULARS			
Full Name as in NRIC (please write in <u>BLOCK</u> letters)		Name in Chinese Characters (if applicable)	
NRIC No.	Citizenship	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Date of birth (dd/mm/yyyy)		Country of Birth	
Race <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others _____	Religion <input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> Hinduism <input type="checkbox"/> Others _____		
Address		Email (compulsory)	
Residential Phone No.		Mobile Phone No.	
For Male Applicant ONLY			
Have you completed National Service (NS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Enlistment Date ____ / ____ / ____ (dd/mm/yyyy)		Have you been deferred from NS before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of time(s) deferred ____	
2. PARENTS' PARTICULARS			
	Father		Mother
Full Name as in NRIC			
NRIC No.			
Occupation			
Residence Phone No.			
Office Phone No.			
Mobile Phone No.			
Address (if different from Applicant's)			
Email			
Emergency Contact (please tick)	<input type="checkbox"/>		<input type="checkbox"/>

3. GUARDIAN'S PARTICULARS <i>(if applicable)</i>											
Full Name as in NRIC			NRIC No. / Passport No.								
Citizenship	Occupation	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married								
Address		Email									
Residential Phone No.	Office Phone No.	Mobile Phone No.									
4. EDUCATION BACKGROUND											
Highest Standard Passed		Name of School									
Year commenced		Year graduated									
5. HOW DID YOU FIND OUT ABOUT US?											
How did you find out about City College? Please select all that applies.											
<input type="checkbox"/> From a friend	<input type="checkbox"/> From a relative	<input type="checkbox"/> City College publicity materials	<input type="checkbox"/> From internet search								
<input type="checkbox"/> From Social Media referral (e.g. Facebook, Twitter)	<input type="checkbox"/> From announcement made in City Harvest Church	<input type="checkbox"/> Others, please specify _____									
Are you a CHC Member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, CG: _____, CGL: _____									
Is / Are your parent(s) CHC Member(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, CG: _____, CGL: _____									
6. HEALTH RECORD AND OTHER DETAILS											
A) Do you have any disease or disability that would require special facilities or affect your studies in any way? Eg. Colour blindness											
<input type="checkbox"/> Yes If Yes, please state briefly _____											
<input type="checkbox"/> No _____											
B) Have you ever received any psychological or psychiatric care?											
<input type="checkbox"/> Yes If Yes, please state the period (mm/yy) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
<input type="checkbox"/> No											
Name of Counsellor / Psychiatrist _____											
Contact No. of the above personnel _____											
Please relate briefly _____											

7. LATE ENTRY ADMISSION <i>(if applicable)</i>											
Late Entry Admission Policy											
a) In consideration of City College agreeing to admit the applicant named above ("Applicant") for the Course described above, I hereby understand that the course has commenced and the applicant will be joining an on-going class.											
b) I hereby understand and agree to pay to City College the full amount published, with no pro-rata discount given due to the late-entry admission.											
c) I hereby understand and agree that City College may from time to time, provide remedial lessons to the applicant to assist him/her in catching up. However, this is done under the discretion of the Academic staff.											
d) All admission exercises will be conducted after official school hours.											
APPLICANT'S ACKNOWLEDGMENT											
I, _____ [name], hereby acknowledge that on this date _____ [dd/mm/yy], City College has brought to my attention the details of the Late Entry Notice and I fully understand the content. I hereby confirm that I will proceed onto the admission procedure.											

8. DECLARATION

- a) I wish to be considered for admission as a student at City College and declare that the information submitted is correct and complete.
- b) I understand that City College may obtain official records from any schools previously attended by me.
- c) I understand that City College reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information.
- d) I declare that I am able to make appropriate arrangements to fund the full cost of my studies.
- e) I have been informed and understand that City College needs to obtain approval from the Ministry of Education (MOE) to be admitted to City College.
- f) Upon the Ministry of Education's (MOE) approval, I understand that I will be required to complete the matriculation process within 7 working days.

Collection, Use and Disclosure of Personal Data

- g) I consent to my personal data being collected, used and retained by City College for the purposes of processing, administering and managing my student status.
- h) I consent to my personal data being disclosed by City College for the purposes external to the college, when it is statistical form or when it is not to my disadvantage for this to be done.
- i) I consent to be contacted by City College via email, text messages and/or post for matters relating to training and education as well as to give my opinion / feedback on such matters.
- j) For any enquiries on personal data protection matters, please email to support@citycollege.edu.sg.

Signature of Applicant

Name & Signature of Parent / Guardian
(if the applicant is below the age of 18)

Date

Date

9. CONFIDENTIALITY POLICY OF APPLICANT'S DATA

City College is committed to maintaining the confidentiality of the applicant's personal information and undertakes not to divulge any of the applicant's personal information to any third party without the written consent of the applicant.

The confidentiality undertaking has the following exceptions:

1. All records are available to the Administration Manager, faculty and staff of City College, having legitimate educational concerns.
2. Appropriate information would be released to medical personnel should the health of the applicant or others would be endangered by the withholding of information.
3. Specific data would be given to the governmental officials and agencies designated by law, or in compliance with a judicial order, including but not limited to the application and process of student pass for international students.
4. Appropriate information may be released for the orientation and practical training program of students.

10. APPLICATION CHECKLIST

Please ensure that you attached all necessary documents to complete the application.

- 1 recent passport size photograph (at least taken 2 months before)
- Original and a copy of applicant's NRIC (front and back)
- Original and a copy of applicant's Birth Certificate & Singapore Passport (only applicable for Singapore Citizens)
- Original and a copy of parent / guardian's NRIC (front and back)
- Original and a copy of applicant's Academic Documents (which include PSLE certificate & secondary school report book & result slips, compulsory for MOE application)
- A certification letter from applicant's latest educational institution (if applicable)
- Non-refundable Application Fee of S\$100.00
- Admission consent into City College (refer to last page of application form)

You may approach our Student Affairs Officers for more information on our Financial Assistance Schemes.

FOR OFFICIAL USE ONLY

- SAO to verify the HSP (Highest Standard Passed) against Academic Documents provided.
- The above applicant meets the entry requirements for the applied course.
- The above applicant does not meet the entry requirements for the applied course.

Enrolment ID _____

New Enrolment ID (if applicable for course transfer) _____

Handled by SAO

Name

Signature

Date



Date: _____

City College Pte Ltd
520 North Bridge Road
Wisma Alsagoff #05-01
Singapore 670540

RE: ADMISSION CONSENT INTO CITY COLLEGE

Please be informed that I, _____, of NRIC _____
(name of applicant/parent/guardian) (NRIC no.)

would like to seek admission for _____, of NRIC _____
(name of applicant) (NRIC no.)

into City College as a full-time student.

The reason(s) from my/child's/ward's admission into City College is/are:

- 1) _____
- 2) _____
- 3) _____

Thank you.

Yours faithfully

(Name of Parent/Guardian/Applicant & Signature)

Date