Holy Innocent's Primary School
5 Lor Low Koon, Singapore 536451
6926 7214 | feedbackhips@aceatwork.com.sg

Instructions

(1) Please note that parents/ guardians need to submit one application per family.

(2) Submission of form does not guarantee a place in the student care.

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Student Care Registration Form

Student's Particulars		
Name of Student		
BC No.		
Date of Birth		
Citizenship	Singaporean / PR / Others	
Gender	Male / Female	
Class (indicate one)	Incoming Primary 1 **2027** ( )	Primary ( ) **2026**
If you are applying for more than one child, please fill up the siblings' particulars on page 03.		
Address		
Postal Code		
Home No.		
Is your child currently enrolled in a Student Care Centre?	Yes / No Name of Student Care Centre: _____	

Mother's Particulars	
Mother's Name	
Mobile No	
Citizenship	Singaporean / PR / Others
Email Address	
Marital Status	Single / Married / Divorce

Father's Particulars	
Father's Name	
Mobile No	
Citizenship	Singaporean / PR / Others
Email Address	
Marital Status	Single / Married / Divorce

Other siblings		
Name of Student 02		
BC No.		
Date of Birth		

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Citizenship	Singaporean / PR / Others	
Gender	Male / Female	
Class (indicate one)	Incoming Primary 1 **2027** ( )	Primary ( ) **2026**
Name of Student 03		
BC No.		
Date of Birth		
Citizenship	Singaporean / PR / Others	
Gender	Male / Female	
Class (indicate one)	Incoming Primary 1 **2027** ( )	Primary ( ) **2026**
Name of Student 04		
BC No.		
Date of Birth		
Citizenship	Singaporean / PR / Others	
Gender	Male / Female	
Class (indicate one)	Incoming Primary 1 **2027** ( )	Primary ( ) **2026**

Reason for applying for student care	
Are you currently receiving or have applied for Financial Assistance Scheme (FAS) from Holy Innocents' Primary School?	**Yes / No**
Accident Plan	
The centre has purchased a basic accident plan for all students in the student care program. However, parents are strongly encouraged to purchase your own accident plan for additional coverage.	

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Student Care Registration Form

Declaration

I, _____ parent/ guardian of _____,

do hereby declare that all the above information is true and correct to the best of my knowledge and I will inform ACE@WORK STUDENTCARE PTE LTD should there be any changes to the information above.

_____ _____

Signature of Parent/Guardian Date