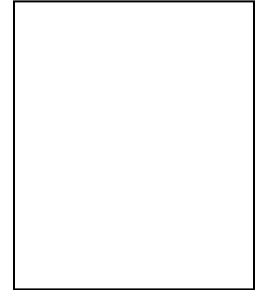


Special Student Care Centre

REFERRAL FORM



For Official Use Only

Approved / Disapproved

Enrolment Date: _____

Student's Particulars

Name of Student: _____

Gender: Male / Female

D.O.B: _____ B/C no.: _____ Nationality: _____

Primary Diagnosis: _____

Address: _____

Singapore ()

School: _____ Session/ Class: _____

Health Condition of Student

Is your child suffering from:	YES	NO	If YES, when and what type of treatment was received by your child
Fits / Epilepsy			
Asthma			
Heart Condition(s)			
Eczema			
Diabetes			
Food Allergy			
Medicine Allergy			
Any other complications			
Name of Doctor:			
Clinic:		Contact Number:	

Current Care Pattern

Parents ()	Grandparents ()	Relative / Friend ()
Domestic Helper ()	Other Child Care ()	No Caregiver ()
Others () Please Specify: _____		

Reason(s) for Not Continuing with Current Care Pattern

Both parents have to go to work ()	Grandparents are too old/ sick ()	Relative / Friend is not available ()
Cannot afford a domestic helper ()	Other formal help is not available ()	Child is not safe without a caregiver ()
Others () Please Specify: _____		

*** Circle/ tick where applicable*

Family's Particulars**Father's / Guardian's Particulars**

Name (as in NRIC): _____ NRIC no.: _____

Date of Birth: _____ Nationality: _____

Home Address: _____

Residential Phone no.: _____ Mobile no.: _____

Occupation: _____ Company: _____

Office Address: _____

Working Hours: _____ Gross Monthly Income: _____

Mother's / Guardian's Particulars

Name (as in NRIC): _____ NRIC no.: _____

Date of Birth: _____ Nationality: _____

Home Address: _____

Residential Phone no.: _____ Mobile no.: _____

Occupation: _____ Company: _____

Office Address: _____

Working Hours: _____ Gross Monthly Income: _____

Other Family Members (In the same household)

Name	Relationship to Student	Age	Occupation	Income (if applicable)

Section C: Student's mode of transportation

Time Schedule/ Transport Mode	Arrival Time	Departure Time
Approximate Time		
Mode of Transportation	a) Brought by parents () b) By School Bus ()	1. Fetched by parents () 2. By School Bus () 3. Bus no.: _____

	c) <i>Bus no.:</i> _____	4. Others ()
	d) Others ()	

Particulars of Person(s) Entrusted to Fetch Student Home (Other than parents)

Name (as in NRIC):
NRIC no.:
Relationship to Student:
Name (as in NRIC):
NRIC no.:
Relationship to Student:

<i>Affix Photo Here</i>

Father / Guardian

<i>Affix Photo Here</i>

Mother/ Guardian

<i>Affix Photo Here</i>

**Entrusted
Person**

<i>Affix Photo Here</i>

**Entrusted
Person**

Source of Referral (If applicable) / Return of Enrolment Form

1. Name of Referring Person/ Agency: _____
(School, VWO, SGE, Parent/caregiver)

2. Contact number(s): _____

Please return completed form to: Centre Manager

AWWA Special Student Care Centre

9, Lorong Napiri

Singapore 547531

*For enquiry, please call us at one of the following numbers: 65115262 (Centre Manager)
65115259 (Activity Room)*

Check if you have attached the following:

1. Photocopy of your child / ward's Birth Certificate ()
2. Photocopy of parents' / Guardian's I/C [both sides] ()
3. Student's medical report(s) ()
4. Therapists' report(s), if any ()
5. Psychologist's report(s), if any ()
6. Social Worker's report(s), if any ()
7. Documents to support financial status ()
8. Passport-sized photos ()