



Online Application Form

Child's Name *

First*

Middle

Last*

Suffix

Preferred Name

Date of Birth*

Gender*

Male

Female

Nationality*

Passport Issuing Country

Passport Number

Passport Issue Date

Passport Expiry Date

If there is a second passport, please complete the details below (only if applicable)

Passport Issuing Country 2

Passport Number 2

Passport Issue Date 2

Passport Expiry Date 2

Primary Adult 1

Relationship to Child*

Name*

Salutation

First Name*

Middle Name

Last Name*

Nationality*

Primary Language

Email*

Mobile Phone*

Country code Mobile Number

Home Phone

Country code Phone Number

Address*

House number*

Street name*

City*

State/District/County*

Postal code*

Country*

This adult lives with the student at the above address

Employer

Position Held/Occupation

Company Address

House number

Street name

City

State/District/County

Postal code

Country

Work Phone

Country code

Work Number

Work Email

Emergency Contact

Emergency Contact Name*

First name*

Middle name

Last name*

Emergency Contact Phone Number*

Country Code

Emergency Number

Primary Adult 2 (if applicable)

Relationship to Child

Name

Salutation

First Name

Middle Name

Last Name

Nationality

Primary Language

Email

Mobile Phone

Country code Mobile Number

Home Phone

Country code Phone Number

Address

House number

Street name

City

State/District/County

Postal code

Country

This adult lives with the student at the above address

Languages

Child's Mother Tongue (e.g. Spanish, Mandarin)

What is your child's proficiency in English?*

Beginner

Intermediate

Advanced

Daily Language Lesson Preference*

Current School/Most Recent School Attended

Has the child previously attended school?*

Yes

No

School Name

Language of Instruction

School Address

House number

Street name

City

State/District/County

Postal code

Country

Most Recent Grade Attended

Date Started

Date Left

School Contact Name

By entering a name and contact information, you are agreeing that the school can contact the above named person in relation to this application.

School Contact Phone Number

Country Code Phone Number

School Contact Email

Previous School

Previous School Name

Date Started

Date Left

Health Information

Does the child have any health, vision or hearing problems the school should know about?*

Yes

No

Please provide details if yes:

max 2,000 characters

The child has previously been examined or hospitalized for (please select all that apply):

Encephalitis

Other neurological problems

Meningitis

Prolonged fevers

Seizure / Convulsion

Recurrent ear infections

Head injuries requiring medical care

The child has (please select all that apply):

Asthma

Allergies

Is the child currently or periodically taking medication or have any dietary requirements?*

Yes

No

Please provide details if yes:

max 2,000 characters

Academic and Development Information

Has your child ever received a double promotion (skipped a year or grade)?*

Yes

No

Please provide details if yes:

max 2,000 characters

Has your child ever been retained (repeated a grade/year)?*

Yes

No

Please provide details if yes:

max 2,000 characters

Has your child ever been in an English as an Additional Language (EAL) program?*

Yes

No

Please provide details if yes:

max 2,000 characters

Have you ever discussed concerns about your child's development with a paediatrician/doctor?*

Yes

No

Please provide details if yes:

max. 2,000 characters

Has your child ever been suspended, expelled or asked to voluntarily withdraw from school for disciplinary reasons?*

Yes

No

Please provide details if yes:

max 2,000 characters

Has your child ever received learning support within a school setting?*

Yes

No

Please provide details if yes:

max. 2,000 characters

Has your child ever been in or has received any gifted and talented extension, learning support or counselling?*

Yes

No

Please provide details if yes:

max 2,000 characters

Has your child ever received support from specialist providers, such as occupational therapists, psychologists, speech therapists or tutors?*

Yes

No

Please provide details if yes:

max. 2,000 characters

Please list any other special hobbies or interests below:

max. 100 characters

Student's Photo

Supports *.jpg, *.jpeg, *.png and *.pdf with a max file size of 1MB

Student's Birth Certificate

Supports *.jpg, *.jpeg, *.png and *.pdf with a max file size of 1MB

Student's Passport

Supports *.jpg, *.jpeg, *.png and *.pdf with a max file size of 1MB

Current Year School Report

Supports *.jpg, *.jpeg, *.png and *.pdf with a max file size of 1MB

Previous Year School Report

Supports *.jpg, *.jpeg, *.png and *.pdf with a max file size of 1MB

Specialist Report

Supports *.jpg, *.jpeg, *.png and *.pdf with a max file size of 1MB

Add Sibling

Child's Name

First

Middle

Last

Suffix

Preferred Name

Date of Birth

Gender

Male

Nationality

Female

Would you like to apply to the school for this child?*

Yes

No

How did you hear about our school?*

We would like to keep you up to date by email or post with information about upcoming school events, availability of school places and other relevant school-related news but we require your consent to do this. Please indicate below whether you are happy for us to use your information for this purpose.*

Yes, please

No, thanks

Who will be responsible for the child's fees?*

Parents

Employer

Both

Company Name

Company Contact Name

Company Email

Please note that if your employer will be responsible for part of all of your child's school fees, they will be required to complete an Employer Letter of Guarantee.

Declaration

I/We have completed and signed this application in the belief that all answers are as accurate as possible. I/We confirm that I/we have read, understood and accepted Stamford American International School's terms and conditions, financial conditions, curriculum guides and handbooks and personal data collection statement and hereby consent to the collection, use, disclosure and processing of my/our and my/our child(ren)'s personal data for the purposes set out in the personal data collection statement.*

By ticking this box, I agree with the above statement.

Date

If the "SUBMIT" button does not work for you, you can save the file locally on your device and send it to admissions@sais.edu.sg
Please remember to attach the following documents if you did not manage to attach on the application form:

1. Passport Detail Page (Please name the file as Child First Name_Last Name_Passport Details)
2. Current Year School Report (Please name file as Child First Name_Last Name_School Year_School Name)
3. Previous Year School Report (Please name file as Child First Name_Last Name_School Year_School Name)