



DAZHONG PRIMARY SCHOOL
INDIVIDUAL STUDENT DETAILS REPORT (2018)

Dear Parent/Guardian,

We seek your assistance to fill in the information requested in the section(s) below. Should there be any changes to the particulars, please notify the school through your child's/ward's Form Teacher at your soonest convenience. Thank you for your partnership with the school.

Name of Pupil		NRIC/FIN		Class	P__ -__	
Official Address				Postal Code	S	
Contact Number for school to reach via SMS (Local)						
Commuter Status	No / Yes – Daily Or Weekly	Address in JB				
Residential Type (Official Address) – Please Tick 1 box					Ownership of Residence	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		-Room HDB Flat
<input type="checkbox"/> Private Flat/ Condominium		<input type="checkbox"/> Detached House	<input type="checkbox"/> Semi-Detached House	<input type="checkbox"/> Govt Executive Flat		
<input type="checkbox"/> Terrace House (Specify: _____)		<input type="checkbox"/> Shophouse	<input type="checkbox"/> Others	<input type="checkbox"/> HUDC Flat		
					<input type="checkbox"/> Own	
					<input type="checkbox"/> Rented	
					<input type="checkbox"/> Other (Please specify: _____)	

Family Details

Marital Status	Married/ Divorced/ Separated / Unwed	Custodian of Child	Sole (Mother/ Father) / Joint
Father Name		NRIC/FIN	
Occupation		Email Address:	
Home Number		Hand phone Number	
Mother Name		NRIC/FIN	
Occupation		Email Address:	
Home Number		Hand phone Number	

(Please complete Guardian Information, if applicable)

Guardian Name		NRIC/FIN	
Occupation		Email Address:	
Home Number		Hand phone Number	

Pupil Details

After School Arrangement	<input type="checkbox"/> Fetch by Parent/ Guardian at the School Gate <input type="checkbox"/> Go home together with sibling studying in Dazhong Pri Sch [State Name & Class of Sibling: _____] <input type="checkbox"/> School Bus Service [Annway Transport Services] <input type="checkbox"/> Student Care Centre @ Dazhong <input type="checkbox"/> Student Care Centre [Name & Add of Student Care Centre: _____]
Pre-School Education	<input type="checkbox"/> Yes. My child/ward attended Kindergarten/ Child Care Centre. Name of Centre: _____ <input type="checkbox"/> No. My child/ ward did not have any pre-school education.
Learning / Physical Needs	(Please specify if your child/ ward faces any challenges that you want the school to take note of)
Other Information	Yes / No My child/ward has computer and internet access at home. (Please circle) (Please provide any other information that you may want to inform the school pertaining to the family or child/ward's situation.)



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Please fill in or update your child's / ward's existing medical condition(s) in the form below.

Medical Condition	Yes/ No	If yes, please state the special precaution to take and any school support required for my child/ ward. [Please attach supporting medical information from the attending doctor(s)]
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Allergies e.g. medication, insect bites and stings		
Is your child/ward on regular medication?		
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?		
Other relevant medical information		
<p>I hereby authorize the teacher and instructors to obtain medical assistance which they deem necessary should an accident occur.</p> <p>I submit the attached medical information from the attending doctor(s) concerning my child/ ward which includes details of limitations that he/she has for activities concerned.</p>		

I am aware that by signing this form, I am consenting to the Ministry of Education, the schools my child may be enrolled in, and its staff (including Form Teachers, PE teachers, CCA teachers and other authorized school personnel) using the information contained herein for the purposes of (a) updating any student information databases managed by the school or the Ministry of Education, (b) planning and conducting the school's programmes, (c) sending me information on education-related issues and events, and (d) making disclosure of all necessary data (including personal data of both my child and I) to other parties to facilitate the provision of services for my child's educational advancement or other purposes beneficial to my child as determined by the Government, unless such sharing is prohibited by law.

Tick this box if you do not wish to receive information on education-related issues and events from the Ministry of Education Headquarters. Please note that Schools may still continue to send you information relating to school programmes and matters.

I confirm that the above information is correct.

 Parent's / Guardian's Name

 Parent's / Guardian's Signature

 Date

For School's Use:

The changes/ updates to the student information as declared by the parent/ guardian were updated in the databases on _____ (date).

 Name of School Staff

 Signature of School Staff

 Date