

For ACS (International) Students
(Minimum Requirement of stay should be from January to December)

Room No.

Anglo - Chinese School
(Independent)
Boarding School



NRIC
SIZE
PHOTO
TWO
COPIES

L/No.

* Delete Accordingly

APPLICATION FORM

GST REGISTRATION NO: MB-8100009-8

| | | | | | | |
|--|-------------------------|------------|---------------------|--|-------------------------------------|-------------|
| PERSONAL PARTICULARS OF PUPIL | Name | | | | Gender | F / M * |
| | NRIC/FIN No. | | Date of Birth | | Class | |
| | Nationality | | Race | | Religion | |
| | Email Address | | | | HP# | |
| PARTICULARS OF PARENT | Name | | *DR/MR/MRS/MDM/MISS | | | |
| | Address (in English) | | | | | Contact No. |
| | | | | | | 1. |
| | | | | | | 2. |
| Email Address | | HP# | | | | |
| Relationship | | Occupation | | | | |
| PARTICULARS OF LOCAL GUARDIAN | Name | | *DR/MR/MRS/MDM/MISS | | | |
| | Address | | | | | Contact No. |
| | | | | | | 1. |
| | | | | | | 2. |
| Relationship | | Occupation | | | | |
| Are you on any scholarship? | Yes | | No | | If yes, name & type of Scholarship: | |
| Name of Primary/Sec School | | CCA | | | Level of participation | |
| | | | | | | |
| Medical Background | | | | | | |
| If you have any pre-existing illness, please state the illness, the current treatment and the physician treating it, if any. | | | | | | |
| If you are allergic to any substance, food or medicine, please list : | | | | | | |

Continued next page.....

I _____ would like to register my child/ward _____ for the ACS (Independent) Boarding School. I understand that all Boarding School activities will be carried out with the necessary precautions and that neither the School nor its staff may be held responsible for any accident or injury. I have also indicated any known pre-existing illness or allergies to medicines or substances in this application form. I undertake to pay fully all Boarding School Fees within 1 week of the collection of room key.

I Understand that my child/ward will be required to join all Boarding School Programmes e.g. Koinonia, Prep Time, Meal Time etc unless special permission has been granted by the Warden. I also agree to abide all Rules of the Boarding School while my child/ward is in residence here and also agree to abide by the terms of payment of all Boarding School fees of the ACS (Independent) Boarding School.

I also agree to abide by all terms of residence which states that all students once accepted by our Boarding School, will be required to reside for at least one year. Should you have any reasons to withdraw your child/ward, please seek permission from ACS (International) first for approval before withdrawal.

Please tick against the relevant category

FEES PAYABLE BY SEMESTER

Hall 1 to 14

| | | |
|-------------------------------------|--------------------------|---------|
| ACS (International) Pupil (Local) | <input type="checkbox"/> | \$4,900 |
| ACS (International) Pupil (SPR) | <input type="checkbox"/> | \$5,880 |
| ACS (International) Pupil (Foreign) | <input type="checkbox"/> | \$6,600 |

NOTE:

Additional fees for vacation stay during **May, Jun, Nov and Dec** will be charged at the following rates:-

Hall 1 to 14

| | |
|-------------------------------------|----------------|
| ACS (International) Pupil (Local) | \$245 per week |
| ACS (International) Pupil (SPR) | \$294 per week |
| ACS (International) Pupil (Foreign) | \$330 per week |

Miscellaneous charges:-

1. Lift Access Card (Hall 9 to 14) - \$35 (non-refundable);
2. Deposit of \$1,000 upon collection of key (refundable ONLY if boarder leaves with full compliance of Terms and Conditions. A service charge of \$300 for any packing or disposal of personal belongs rendered will be charged as well. Amount will be deducted from this deposit

(All fees quoted are inclusive of GST)

I enclosed herewith *CASH/CHEQUE \$200.00 (deductible from 1st payment) as a non-refundable application fee. Cheques should be made payable to: **ACS (I) Boarding School**. Please note that all fees paid are non-transferable and non-refundable.

Important Note: Parents/Guardians are to purchase your own medical/accident insurances for your child/ward if you deem it necessary.

The Name of the cheque payee is _____ for refund of deposit upon withdrawal
and a forwarding local address: _____.

Name/Signature

Date

FOR OFFICIAL USE

| Date | Room & Lift/ Access Card No. | L/No. | Signature & date of collection of key & Lift/ Access Card | Date | Room & Lift/ Access Card No. | L/No. | Signature & date of collection of key & Lift/ Access Card |
|------|------------------------------|------------|---|------|------------------------------|------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Date | Receipt No. | Amount/S\$ | Details | Date | Receipt No. | Amount/S\$ | Details |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |