是oving Loving Slearl Multi-Service Centre Jurong

CONFIDENTIAL

LOVING HEART MULTI-SERVICE CENTRE (Jurong)

316 Jurong East Street 32, #01-279, Singapore 600316 Tel: 65674166 Fax: 65697957

Enquires: geetha@lovingheartj.org

Free Tuition Programme 2019 Registration Form

A. Particulars of 1st Child	d	J		J					
Name									
NRIC No.						Gender	Male / Female		
DOB						Age			
Name of school						Class			
Please tick preferred timeslot for your child. Limited spaces are available for each class. (Tick one only)									
☐ Friday, 7pm to 9pr			ay, 9am to 11ar	m		Saturday, 1	1am to 1pm		
What subject is student	weakest in	? (Choose a subj Maths □	ect)		П	Science			
□ English		u iviati is			Ш	Science			
B. Particulars of 2 nd Child (<i>Please skip if not applicable</i>)									
Name									
NRIC No.						Gender	Male / Female		
DOB						Age			
Name of school						Class			
Please tick preferred tim			-		or eacl	•			
☐ Friday, 7pm to 9pr			ay, 9am to 11ar	n		Saturday, 1	1am to 1pm		
What subject is student	weakest in	Choose a subj Maths □	ect)		П	Science			
□ Englion		- Matris				Ociciico			
C. Particulars of 3 rd Child	d (Please s	kip if not applicable	e)						
Name	•								
NRIC No.						Gender	Male / Female		
DOB						Age			
Name of school						Class			
Please tick preferred tim	-		•		or eac	n class. <i>(Tic</i>	k one only)		
☐ Friday, 7pm to 9pr			ay, 9am to 11ar	m		Saturday, 1	1am to 1pm		
What subject is student weakest in? (Choose a subject) □ English □ Maths □					П	Science			
- Liigiisii		u iviauis				Ocience			
D. Family Details									
Address									
Addiess									
Housing Type	*HDB (Purchased) / HDB (Rented) / HDB (Rented Room) / Private Housing								
Rooms in House	*2 Rooms / 3 Rooms / 4 Rooms / 5 Rooms / Others:								
Parents' Contact						Race			
E. Particulars of other Fa	amily Mem	bers (including s	aiblinas)						
Name		Relationship	NRIC No.	Age	Oc	cupation	Income/month		
		T to a work on the	71110 7101	7.90					

F. General Conditions:

- Loving Heart Multi-Service Centre (Jurong) (LHMSCJ) is helping and assisting the needy/ less fortunate students in their studies and homework. However, there is no guarantee for the school results.
 Application is subjected to the Centre's approval for the selection criteria

Reasons (if any):

Commencement Date: _____

2.	Application is subjected to the Centre's approval for the	selection criteria							
G. i)	Declaration: I, parent/guardian of true and accurate best of my knowledge. I understand lead to action being taken against me and I will be liab	eclare that all information given and all attachments are hat any willful omission or suppression of information can for full payment of all relevant expense.							
ii)	I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for fundraising as well as public relations and publicity purposes. I trust that the information will strictly be used for the purposes stated. (If you wish to opt out, you may indicate your preference at any time to our executive officers.)								
iii)	i) I agree for LHMSCJ to contact me for any purposes related to the services LHMSCJ is providing or had provided me with and/ or on matters which my child/ ward have an ongoing relationship with the organization.								
<u>Ur</u>	nder the Personal Data Protection Act (2012),								
iv)	LHMSCJ collects, uses and discloses personal data for the purpose of providing services to our clients, engaging volunteers and donors, working with partners, employment matters, reporting to proper authorities and other relevant and reasonable work that are necessary to facilitate and enhance our services.								
v)	We will retain your personal data for a reasonable period for the purposes as cited, or as required by law. You may request in writing for access to your personal information. If there is any need to update or revise your personal data, you can do so in writing to us with documentary proof.								
Th	ne above information has been translated in	to me by	on						
_	Name & Signature of Parent/ Guardian	Name & Signatu	ire of LHMSCJ Staff						
NF	RIC:	Designation:							
	ate:	•							
_	ocuments Required: Copy of Birth Certificate/ NRIC of child to Copy of NRIC of parents/ guardian Copy of applicant's latest school results Copy of latest Salary Slip / CPF Statement								
Fo	or Official Use Only:								
Αp	pproved / Rejected								