

# =DREAMS

## APPLICATION FORM

### APPLICATION CRITERIA

1. The child/family qualifies for the following government financial schemes
  - Public Rental Scheme - Family Scheme
  - MOE Financial Assistance Scheme (MOE FAS)
  - ComCare Short-to-Medium Term Assistance (SMTA) / Long Term Assistance (LTA)
2. Applicant must be a Secondary student in a MOE mainstream school
3. Applicant must be a Singapore Citizen or Permanent Resident
4. Applicant must aspire to be in =DREAMS and have parents/guardians who are supportive of their aspiration to be in =DREAMS

### APPLICANT'S PERSONAL PARTICULARS

Full Name

Most Recent  
Passport Size Photo

Birth Certificate Number

Date of Birth (DD/MM/YYYY)

 /  /    

Gender\* Male / Female

Race

Religion

Email

Mobile Tel

Home Tel

Address (Block)

Address (Street)

Address (Unit)

 #  - 

Postal Code

### APPLICANT'S SCHOOL DETAILS

Name of School

Current Class

Direct School Admission (DSA)

Applying  Accepted  Rejected  N/A

DSA Type

DSA Talent

CCA

Other Hobbies / Interests

\* Please circle accordingly

Name of School Contact Person

Designation

Email Address

Mobile Tel

**APPLICANT'S PERSONAL STATEMENT**

We want to hear from you! Please write, between 200-400 words, about why you would like to join =DREAMS. We are interested in your hopes and dreams for the future, the kind of difficulties you met while trying to achieve them, and how you have or will overcome those difficulties.

**APPLICANT'S ACADEMIC PERFORMANCE**

**Most Recent Results (Current Year)**

<b>Subject</b> Please indicate subjects below	<b>Results</b> <b>(Current Year)</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

\* Please circle accordingly

Days of Attendance

of

School Conduct

Excellent / Very Good / Good / Fair / Poor

\* Please circle accordingly

**PARTICULARS OF ALL PARENTS / GUARDIANS**

**Parent / Guardian (1)\***

Father / Mother / Guardian

Full Name	<input type="text"/>		
Identity Type* & Number	NRIC / FIN / Passport No	<input type="text"/>	
Nationality*	Singaporean / Others:	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender*	Male / Female
Race	<input type="text"/>	Religion	<input type="text"/>
Email	<input type="text"/>		
Mobile Tel	<input type="text"/>	Home Tel	<input type="text"/>
Address (Block)	<input type="text"/>		
Address (Street)	<input type="text"/>		
Address (Unit)	# <input type="text"/> - <input type="text"/>	Postal Code	<input type="text"/>
Occupation	<input type="text"/>		
Employer	<input type="text"/>		

**Parent / Guardian (2)\***

Father / Mother / Guardian

Full Name	<input type="text"/>		
Identity Type* & Number	NRIC / FIN / Passport No	<input type="text"/>	
Nationality*	Singaporean / Others:	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender*	Male / Female
Race	<input type="text"/>	Religion	<input type="text"/>
Email	<input type="text"/>		
Mobile Tel	<input type="text"/>	Home Tel	<input type="text"/>
Address (Block)	<input type="text"/>		
Address (Street)	<input type="text"/>		
Address (Unit)	# <input type="text"/> - <input type="text"/>	Postal Code	<input type="text"/>
Occupation	<input type="text"/>		
Employer	<input type="text"/>		

\* Please circle accordingly

**PARTICULARS OF ALL OTHER HOUSEHOLD MEMBERS**

Relationship with Applicant	Full Name	Age	Occupation	Company / School

**ASSISTANCE RECEIVED FROM OTHER ORGANISATIONS**

Is applicant or family currently known to Family Service Centre (FSC), Social Service Office (SSO), Community Centre / Club (CC) or Social Service Agencies (SSA)?

Yes |  No

If Yes, please give details:

Name of Agency:

Contact Person:

Designation:

Email Address:

Has applicant or family received any form of assistance from Family Service Centre (FSC), Social Service Office (SSO), Community Centre / Club (CC) or Social Service Agencies (SSA)?

Yes |  No

If Yes, please give details:

Has applicant received any form of financial assistance from school?

Yes |  No

If Yes, please give details:

**APPLICANT'S OTHER INFORMATION**

Does the applicant have any known learning difficulties?

Yes |  No

If Yes, please give details:

Has the applicant been subject to any disciplinary action?

Yes |  No

If Yes, please give details:

Does the applicant have any medical conditions?

Yes |  No

If Yes, please give details:

Is the applicant on any regular medication?

Yes |  No

If Yes, please give details:

Does the applicant have any allergies?

Yes |  No

If Yes, please give details:

**TERMS AND CONDITIONS**

<p>=DREAMS reserves the right to reject this application if any information is falsely declared or wilfully withheld.</p>	<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree
<p>Submission / Eligibility does not guarantee applicants a successful placement in =DREAMS.</p>	<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree
<p>Both successful and unsuccessful applicants will be notified of the results upon confirmation of decision. The decision of the selection committee is final.</p>	<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree
<p>Successful applicants are required to submit their examination results as documentary proof that they have progressed to the next level of their academic studies.</p>	<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree
<p>By signing this application form, applicants and parents / guardians give consent for =DREAMS to collect, use, disclose any personal data, as provided in this application form, and for =DREAMS to contact other organisations and entities in order to facilitate the application, for the following purposes in accordance with the Personal Data Protection Act 2012:</p> <ul style="list-style-type: none"><li>1. The processing of this =DREAMS application</li><li>2. Providing appropriate services and programmes in =DREAMS</li></ul>	<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree

\*Please tick accordingly

**DECLARATION**

We hereby declare that all information provided in this form are true and correct. We understand that any false or wilfully withheld information will lead to this application being rejected. We have understood and we agree to the stated terms and conditions.

Father's Name

Father's Signature

Mother's Name

Mother's Signature

Applicant's Name

Applicant's Signature

**RECOMMENDATION FOR APPLICANT**

Name of Referrer

Designation & Organisation

Contact No. & Email Address

- Relationship of Referrer to Applicant
- Teacher
  - Student Welfare Officer
  - Counsellor
  - Social Worker
  - Social Service Office (SSO) Officer
  - Others: \_\_\_\_\_

Duration Known

Reasons for Recommendation:

Signature of Referrer

Date



**Please submit a copy of the following documents together with the application form:**

1. Birth Certificate of Applicant
2. NRIC of both Parents/Guardian
3. FAS letter or ComCare letter or Zakat recipient letter
4. Primary School Report Book
5. Secondary School report book (if available)
6. Recommendation for Applicant (as above)

**You can submit the application form and the required documents by:**

1. Dropping the application form into the letterbox at 99 Haig Road Singapore 438748
2. Mailing the application form to 99 Haig Road Singapore 438748
3. Emailing the application form to [admissions@dreamssingapore.org.sg](mailto:admissions@dreamssingapore.org.sg)

Please indicate "=DREAMS Admissions - Submission of application form" on the envelope or the subject of the email