

Section D – Awards/ Scholarships/ Competitions[#]

Title of Award, Scholarship, Competition (state placing)	Year Awarded/ Achieved

[#] Attach supporting documents

Section E – Personal Statement by Candidate

Please tell us about yourself, your reasons for application and aspirations.

Section F – Declaration by Parent/Guardian* of Candidate

I understand that once my child/ward* is successfully allocated to CHIJ St. Theresa's Convent, she will not be allowed to participate in the Secondary One Posting Exercise to opt for secondary schools, and will not be allowed to transfer to another school after the release of the PSLE results.

I certify that the information provided in this application is true. I understand that if any information is false or invalid, the application will be rejected. I have submitted the **following documents**:

- records of sport competitions I involved in and corresponding achievements as well as the number of years I have been playing the sport
- record of leadership positions held in my Primary school
- records of academic results (from Primary 4 onwards; **both Mid Year and Final Year**)

Name of Parent/ Guardian*	NRIC/Passport No.	Signature	Date

*Delete where inapplicable

Complete application forms, together with relevant supporting documents, must be submitted to the school's General Office by **17 July 2015, 5.00 pm**:

CHIJ St. Theresa's Convent
160 Lower Delta Road
Singapore 099138

Attn: Mr Ho Wei Hao
Re: DSA (LLP) Application - Sports

Note: We regret that we will not be able to process applications which are incomplete or without relevant supporting document.

For official use only

Status of application: C / WL / Re



**CHIJ ST. THERESA'S CONVENT
HEALTH DECLARATION FORM**

Please complete the form.

(Note: Information contained in this section will not prevent your child/ward from taking the DSA trials unless further written advice from a medical practitioner warrants exclusion)

Name of Student:	BC/NRIC No.:
Date of Birth:	

Medical Condition	Yes/No	If YES, please describe. Please also state measures to take in the event student suffers from the declared medical condition. <i>(To be substantiated with written <u>medical information</u>)</i>	Year Medical Condition was Diagnosed	Year when you last suffered from the medical condition
Epilepsy, fits, fainting attacks, severe head injury				
Periodic Loss of Consciousness				
Heart Condition, chest pain, high blood pressure e.g. heart murmur, extra heart beat or other heart ailments (please circle)				
Respiratory Disorder e.g. Asthma, other lung problems (If yes, do you need an inhaler?)		Does your daughter/ward need an inhaler? Yes / No When was her last asthma attack: Is she able to carry out physical activities? Yes / No		
Bone or joint injury				
Spinal or back injury (e.g. slipped disc)				
Medical treatment within last two years				
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?				
Any other medical information to take note of (e.g. psychiatric illness, specialist's letter, extreme sun sensitivity etc)				

I am aware that by signing this form, I am consenting to the school 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 and (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure the safety and well-being of my child/ward.

Parent's/Guardian's Name:	
Parent's/Guardian's Contact Number:	
Parent's/Guardian's Signature	