

# First Contact Form

Please submit the form via

✉ chalk@creativecampus.com.sg

☎ fax 6250 5364

**Creative Campus**  
*Learning with latitude*

Primary/ Secondary/ JC \_\_\_\_\_ (YEAR: \_\_\_\_\_)

STUDENT PARTICULARS							
Full Name <i>eg Toh Marcus Ming Wei</i>			Date of Birth in DD/MM/YY		Sex <input type="checkbox"/> M <input type="checkbox"/> F		
NRIC/ Passport No			Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singaporean PR <input type="checkbox"/> Others <i>pls state</i>				
Name of sibling(s) enrolling / currently or previously enrolled			Date of Birth in DD/MM/YY		Sex <input type="checkbox"/> M <input type="checkbox"/> F		
<b>School Details</b> <ul style="list-style-type: none"> <li>Name of School: _____</li> <li>*Session <input type="checkbox"/> AM <input type="checkbox"/> PM</li> <li>*Stream <input type="checkbox"/> GEP <input type="checkbox"/> Mainstream <input type="checkbox"/> IP <input type="checkbox"/> IB <input type="checkbox"/> Express <input type="checkbox"/> Normal Academic/ Technical</li> </ul>			<b>Let us know you better</b> <ul style="list-style-type: none"> <li>My Hobbies</li> <li>My Allergies (if any)</li> <li>My Favourite Subject</li> <li>Why I chose <i>Creative Campus</i></li> </ul>				
ACADEMIC PERFORMANCE * Please fill in the grades attained.							
<b>Primary</b> (Latest Assessment in %) Latest Assessment (in %) <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Chinese <input type="checkbox"/> Higher Mother Tongue (if applicable)		(Grades) <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Chinese <input type="checkbox"/> Higher Mother Tongue (if applicable)  <b>Total Aggregate without HC</b>		<b>PSLE Results</b>		<b>Secondary</b> Latest Assessment (in % or GPA) <input type="checkbox"/> English <input type="checkbox"/> Literature <input type="checkbox"/> Mother Tongue <input type="checkbox"/> E. Math <input type="checkbox"/> A. Math <input type="checkbox"/> Physics <input type="checkbox"/> Chemistry <input type="checkbox"/> Biology <input type="checkbox"/> History <input type="checkbox"/> Geography	
CONTACT DETAILS <input type="checkbox"/> Preferred Contact <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Others ( <i>pls state</i> )							
Residential Address							
Residential Contact Number						Postal Code	
<b>Father</b>							
Name <input type="checkbox"/> Mr/Dr			<input type="checkbox"/> NRIC				
Contact <input type="checkbox"/> Mobile <input type="checkbox"/> Office			<input type="checkbox"/> Email				
Company Name			Designation				
<b>Mother</b>							
Name <input type="checkbox"/> Mrs/Mdm/Ms/Dr			<input type="checkbox"/> NRIC				
Contact <input type="checkbox"/> Mobile <input type="checkbox"/> Office			<input type="checkbox"/> Email				
Company Name			Designation				
<b>Student's Contact Details</b>							
Contact <input type="checkbox"/> Mobile			<input type="checkbox"/> Email				
PREFERRED CLASS SCHEDULE * Pls indicate a <u>min of 3 slots</u> in order of preference eg. 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup>							
* Weekend classes are subject to a small premium (except GP classes) * Classes are 2 hours each; new classes are opened subject to demand							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Remarks

Thank you for your interest.

Our Enrolment Manager will reply within 7 working days (from the date of receipt of this First Contact Form) to

- schedule an Indicative Quiz (IQ) timeslot; or
- allocate a class for your child to commence lessons.

Please note that the following are payable upon enrolment:

- (1) a refundable deposit of S\$70; and
- (2) a registration fee of \$50