

Student Application Form

FOR OFFICIAL USE ONLY						
Course Applied For						
Period / Intake Applied For						
Staff / Agent Name						
UMPORTANT.						
 IMPORTANT Please complete the form in full. Applications with incomplete informations Application Fee paid is non-refundated. International Students are to fill in 	able.				documents will n	ot be considered
SECTION 1: PERSONAL PARTICULARS	,					
FULL NAME (PER NRIC / PASSPORT)	:					
NRIC / PASSPORT NUMBER	:					
DATE OF BIRTH	:					
GENDER	: [MALE	□FE	MALE		
MARTIAL STATUS	: [SINGLE	□МА	RRIED OTHERS:		
NATIONALITY	:					
RACE	:					
SECTION 2: CONTACT DETAILS						
CONTACT NUMBER	:					
EMAIL ADDRESS	:					
RESIDENTIAL ADDRESS (IN SINGAPORE)	:					
RESIDENTIAL ADDRESS (IN HOME COUNTRY)	:					
SECTION 3: PARENTS AND/OR STEP F	PARENT	TS DETAILS				
NAME :				NAME	:	
RELATIONSHIP :				RELATIONSHIP	:	
CONTACT NUMBER :				CONTACT NUMBER	:	
SECTION 4: ACADEMIC QUALIFICATION	ONS (PL	EASE PROV	IDE CE	ERTIFICATE AND TRANSC	CRIPTS)	
NAME OF SCHOOL		QUALIFICATION OBTAINED			FROM (MM/YY)	TO (MM/YY)



SECTION 5: LANGUAGE PROFICIENCY (PLEASE PROVIDE PROOF OF PROFICIENCY)					
HIGHEST LANGUAGE PROFICIENCY	:					
GRADE ATTAINED (IF APPLICABLE)	:					
SECTION 6: EMPLOYMENT HISTORY (P	PLEASE ATTACH CV)					
NAME OF COMPANY	POSITION HELD	FROM (MM/YY)	TO (MM/YY)			
SECTION 7: EMERGENCY CONTACT						
NAME :						
RELATIONSHIP TO APPLICANT :	RELATIONSHIP TO APPLICANT :					
CONTACT NUMBER :						
SECTION 8: PERSONAL DATA PROTECTION ACT (PDPA) CONSENT FORM						
By signing this application form, you agree that the school may collect, use and disclose your personal data, as provided in this application form, including any supporting documents, for the following purposes in accordance with the Personal Data Protection Act 2012 and our data protection policy. (a) The processing of this application						
(b) The administration of your enrolment with our school						
I hereby give consent for the school to use the following for the purposes of marketing and publicity. In addition, I understand that it is my responsibility to remove myself from group and candid shots/recordings that the school intends to capture, if you do not wish to have your photos/audio-visual recordings taken.						
☐ PHOTOS ☐ AUDIO-VISUAL RECORDING ☐ TESTIMONIALS						



SECTION 9: DECLARATION BY APPLICANT

I declare that all information provided in this application form is complete and correct. I understand that any misrepresentation or omission of information will result in my disqualification from consideration for admission made on the basis of incorrect, incomplete or fraudulent information.

I declare that the supporting documents which accompany this application are true copies of the original documents which are authentic.

SIGNATURE OF APPLICANT	:	DATE	:	

Please send all relevant documents as stated in Section 10, together with the Application Fee to:

Sales & Marketing Department (Student Recruitment)

Arium School of Arts & Sciences

51 Cuppage Road

#06-23

Singapore 229469

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1) □Through Agent				☐ Direct Sales	
(Agent Code:		Name:			
2) Met Entry Requirer	ments			□ Yes	□ No
3) Verification of Docu	uments			□ Yes	□ No
4) Conducted Pre-course Counselling					□ No
CHECKED BY:					
Name	:		Date	:	
Designation	:		Signature	:	