



FOUNDATION FOR RESEARCH,
EDUCATION & DEVELOPMENT

SUMMER SCHOOL SINGAPORE (SSS)

REGISTRATION FORM

Name of Student: _____

School Name: _____

Class: _____

Date of Birth: _____

PARENT(S) OR LEGAL GUARDIAN:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Emergency Contact
Person Name : _____

Emergency Contact
Person Number : _____

Does your child have any allergies?

If yes, mention the allergies:

YES

NO

Individuals authorized to pick my children up :

Parent/ Guardian Signature :

Date Signed

Medical Policy :

I give permission to the Summer School Singapore (SSS) program to take whatever emergency measures are judged necessary for the care and protection of my child(ren) while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations the SSS staff will need to contact the local emergency resources before the parents/guardians, the child's physician, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child's family.

Parent/ Guardian Signature :

Date Signed

Picture Policy :

I give permission to the SSS program to publish any or all pictures of my child _____ taken during the duration and conducting of this program.

Parent/ Guardian Signature :

Date Signed

Field Trips :

I give permission for my child, _____, to participate in field trips during the course of the SSS program. I understand that my child will be under the direct supervision and care of the SSS program staff. I will not hold the SSS program staff, any volunteers, and School responsible for any injuries or loss of property which may be sustained by my child as a direct or indirect result of participating in the SSS program.

Parent/ Guardian Signature :

Date Signed

Transportation Liability :

I understand that my child, _____, will be transported at times in the SSS program for field trips and other special circumstances. While en route, the child will be under the direct supervision of the driver and will be subject to all regulations set for the safety of the child. I will not hold the driver, SSS program staff, volunteers, and School responsible for any injuries or loss of property which may be sustained as a direct or indirect result of this service.

Parent/ Guardian Signature :

Date Signed

Payment submitted with registration form & writing sample :

The nonrefundable registration and program fee for SSS is Rs. 96000.00/-. This payment is due with the completed registration form. There is limited space available in the program. A space is not held or secured until a completed registration form is received with full payments for the program.

Make checks payable to and sent to the following:

- Payable to –
- Account Name: Foundation for Research, Education and Development
- Account Number: 0566101060997
- IFSC CNRB0000566
- Bank: Canara bank
- Address: Jayalakshampuram, Mysore - 570012

Required Student Writing Sample :

(Submitted by the student with completed registration forms)

Students need to respond to the following: Describe the joy and fun you have at school. Write what you like to improve of yourself in the second paragraph.

FRED

