

Form A: Student Registration

Last: _____ First: _____ Middle: _____

Age: _____ Grade: _____ Sex: _____ Student ID #: _____

Passport Number: _____ Country: _____ Expiry: _____

Student E-mail: _____

Student Handphone: _____ Home Phone: _____

Home Address: _____

Father

Last: _____ First: _____

HP: _____ Office: _____

E-mail: _____

Mother

Last: _____ First: _____

HP: _____ Office: _____

E-mail: _____

Emergency Contact/Guardian

Last: _____ First: _____

HP: _____ Office: _____ Home: _____

Course Choices

1st Choice Name: _____ Number: _____

2nd Choice Name: _____ Number: _____

3rd Choice Name: _____ Number: _____

Student Signature

Since Interim Semester is a curricular activity of the high school, I agree to abide by all school rules and expectations. I am aware that I bear full responsibility for my actions and the consequences thereof.

Student Signature: _____ Date: _____

Parent Signature

I approve the Interim Semester course selections for my student and fully support the participation in any of these selected courses. I understand that course selections are binding and the attached deposit is non-refundable.

Note:

Fuel surcharge applied to airfares after Interim Semester signup will be passed onto the individual participant.

Parent/Guardian Signature: _____ Date: _____

Students will receive an official receipt at the time of deposit as well as when the final payment is made.

Form B: Physical Form

Student Name: _____

Health History

Please place an X under the yes or no column for each item:

	Yes	No
Chronic/recurrent illness		
Heat exhaustion/stroke		
Dizziness/fainting/headaches		
Seizures		
Asthma		
Problems with heart/murmur		
Problems with liver/spleen		
Problems with bladder/kidney		
Hernias/Gastrointestinal problems		
Bone/joint injury		
Sprain/dislocation		
Allergies		
Tetanus in last 10 yrs.		
Current medications		

If answered "Yes" above, please explain: _____

Emergency Treatment Authorization

In the event of an emergency when immediate observation or treatment is deemed necessary in the judgment of the school authorities, I authorize and direct the school authorities to send my child to the medical facility most readily accessible. I shall not hold SAS or the school authorities liable for any expenses, claims, loss or damage that may arise as a result of such action and shall indemnify the school for all expenses, losses and claims incurred by it in relation to such action. I give the course sponsors permission to administer the following:

- Panadol/Tylenol ___Yes ___No
- Antacid ___Yes ___No
- Antihistamine ___Yes ___No
- Immodium ___Yes ___No

Parent/Guardian Signature: _____ Date: _____

Form C: Waiver Statement for Interim Semester Courses

Student Name: _____

I acknowledge and accept that my child/ward's (named above), participation in the trip/excursion is entirely voluntary and all risks attendant to such a trip/excursion are freely and voluntarily assumed by my child /ward and me.

I have ensured that my child/ward understands that it is important for his/her safety, and for the safety of the group, that any rules and any instructions given by the school's employee or agent are obeyed.

In consideration of your agreeing to take my child/ward on the above trip/excursion, I hereby agree not to hold the School and its servants and agents, the Board of Governors, and the teacher(s) liable for:

- a. any expense or loss in respect of personal injury to or death of my child/ward unless the same is directly and solely attributed to the willful default of any employee of the School;
- and
- b. any other loss or damage caused to my child/ward howsoever occasioned.

I undertake to indemnify the School for all expenses, losses, claims, or damages incurred by itself as a result of any negligent act or willful default of my child/ward.

Further, I agree that in relation to any legal action or proceedings arising out of or in connection with the trip/excursion, the governing law shall be the laws of the Republic of Singapore and that the Courts of the Republic of Singapore shall have exclusive jurisdiction to hear, try and finally dispose of the matter.

Dated this _____ day of _____ 20__

Parent/Guardian Signature: _____

Printed Name of Parent Guardian: _____