

## student registration form

### For registrar

paid? full amount  installment  (please indicate) \$\_\_\_\_\_ method: cash  cheque

date of enrollment \_\_\_\_\_ receipt # \_\_\_\_\_ processed by (name in print) \_\_\_\_\_

student ID# \_\_\_\_\_ NRIC / FIN # \_\_\_\_\_ batch name (MMYY) \_\_\_\_\_

student referred by (event/existing student/aidha graduate/employer) \_\_\_\_\_

first name \_\_\_\_\_ family name \_\_\_\_\_

preferred name for certificates \_\_\_\_\_

preferred name for nametag \_\_\_\_\_

handphone number \_\_\_\_\_ email address \_\_\_\_\_

nationality \_\_\_\_\_ date of birth (dd/mm/yy) \_\_\_\_\_

marital status  single  married  separated / divorced  widowed

number of children \_\_\_\_\_

permanent home mailing address (in home country) \_\_\_\_\_

city \_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_

highest educational achievement

high school / elementary  college / vocational study  bachelors / undergraduate degree  
 masters degree  other (please specify) \_\_\_\_\_

monthly salary (do not include overtime) S\$ \_\_\_\_\_

date arrived in Singapore (dd/mm/yy) \_\_\_\_\_

employer name \_\_\_\_\_

employer's mailing address \_\_\_\_\_

city \_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_

employer's email address \_\_\_\_\_

home phone number (in Singapore) \_\_\_\_\_

### Terms & Conditions

**Media:** I hereby grant aidha my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the aidha program to be used, published and copied by aidha and its assignees in any medium. I agree that aidha may use my video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part for educational purposes or for other social outreach purposes that should benefit aidha.

**I understand that my course fee is NON REFUNDABLE. If I miss 1st and/or 2nd session, I forfeit my right to attend the course, except on payment of SGD50 to be enrolled in another intake.**

signature \_\_\_\_\_ name in print \_\_\_\_\_ date \_\_\_\_\_

ID created:

data entered:

digital photo taken:

# aidha