



Fairfield Methodist School (Primary)
APPLICATION FORM FOR LEAVE OF ABSENCE
(For Singapore Citizens or PR pupils accompanying parents on overseas posting)

100 Dover Road Singapore 139648. Telephone 67788431 Fax 67762948

(A) Particulars of Child

Name:	Gender : Male / Female*
Nationality: Singapore Citizen / Permanent Resident*	Birth Certificate No. : Entry/Re-Entry Permit No. :
Date of Birth: Day _____ Month _____ Year _____	
School currently attending in Singapore: Fairfield Methodist School (Primary)	Level & Stream: Year Attending:
Name of School Overseas (if available):	Level:

**Please delete accordingly*

(B) Particulars of Parents

	Father	Mother
Name:		
NRIC .No. Entry/Re-Entry Permit No.*:		
Nationality:		
Occupation:		

**Please delete accordingly*

(C) Contact information

Parent's Contact Details (Compulsory)	
Overseas Correspondence Address:	
Overseas Tel No:	Overseas Fax No:
Email Address:	
Local Contact Details (To be completed <u>ONLY</u> if you wish to direct LOA correspondence to a local address)	
Name of contact person in Singapore:	
Singapore Correspondence Address:	
Singapore Contact No:	
Email Address of Contact Person:	

(D) Application for Leave of Absence From School

Reason for the application (<i>Please attach supporting documents</i>) :		
Overseas Posting / Business / Company related training *		
Estimated period of stay in overseas is from	_____	to _____
	(DD/ MM/ YY)	(DD/ MM/ YY)
Application for this calendar year is for the period from	_____	to _____
	(DD/ MM/ YY)	(DD/ MM/ YY)

**Please delete accordingly*

(E) Declaration By Parent

1. I accept all the conditions and terms regarding the Leave of Absence Scheme (LOA).	
2. I understand that I will need to re-apply for my child's Leave of Absence status by November each year for the following year, together with the LOA fees.	
3. I understand that all LOA correspondence will be sent to my overseas correspondence address, unless otherwise stated and I should inform the school promptly of any changes to my contact information.	
_____	_____
Name and Signature of Father / Mother*	Date

(F) For Official Use:

This application is approved / not approved* for the period (max 12mths in a calendar year):		
_____ (month)	to _____ (month)	_____ (year)
The amount of fees to be paid for Period of Absence is \$_____		
_____	_____	_____
Signature of Principal	Name of school	Date

**Please delete accordingly*

Note:

1. The LOA annual fee chargeable for Singapore Citizens and Singapore Permanent Residents by Fairfield Methodist School (Primary) is **S\$156**
2. For LOA periods of less than a year, the annual LOA fee will be pro-rated accordingly.