

REFERRAL FORM FOR EXTRA•ORDINARY PEOPLE SPONSOR A STAR PROGRAMME

Date of Application	
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CHILD'S PERSONAL DETAILS			
Name as per B/C:			
B/C No.:		Gender:	
Date of Birth:		School Level:	
School:	<input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session		
Presenting Concerns:			

PARENT/GUARDIAN DETAILS			
Name as per NRIC:			
NRIC No.:		Relationship with Child:	
Mobile No.:		Home/Office Tel No.:	
Home Address:			
Self-Referral:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PRIMARY CAREGIVER DETAILS (If the primary is not the parent/guardian)			
Name as per NRIC:			
NRIC No.:		Relationship with Child:	
Mobile No.:		Home/Office Tel No.:	
Home Address:			

REFERRING AGENCY (NOT APPLICABLE FOR SELF REFERRALS)			
Name of Agency:			
Officer in Charge:		Designation:	
Office Tel No.:		Mobile No.:	
Email Address:			

FINANCIAL ASSISTANCE SCHEME*			
Name of Scheme:			
Period of Assistance:			
Officer in Charge:		Designation:	
Office Tel No.:		Mobile No.:	
Email Address:			

**Please attach relevant documents as proof for verification*

Please contact Extra•Ordinary People at star@extraordinarypeople.sg or call 6286 5088 for further details or clarification.

For Staff Use Only

Assigned Application Number:			
Date Received		Received By	
	Date/Day	Time	Status
Appointment (1)			
Appointment (2)			
Reviewed By			
	Name & Signature of Reviewing Staff		