



Sibling Subsidy Scheme

Application Form

I would like to apply Sibling subsidy for student(s) _____

(Note: Sibling subsidy only applies to the tuition fee of the 3rd sibling and onwards)

I hereby submit the details and photocopies of the birth certificates of all siblings studying at Anchors Academy/ Anchors Academy Affiliated International Kindergarten cum Nursery:

5th Child Information

Applicant's name: _____

Year Level: _____

Birth Certificate Number: _____

4th Child Information

Applicant's name: _____

Year Level: _____

Birth Certificate Number: _____

3rd Child Information

Applicant's name: _____

Year Level: _____

Birth Certificate Number: _____

2nd Child Information

Name: _____

Year Level: _____

Birth Certificate Number: _____

1st Child Information

Name: _____

Year Level: _____

Birth Certificate Number: _____

Parent name: _____

Contact Phone number: _____

By signing and submitting this application form, I acknowledge the above information is true and correct, and I agree to the terms and conditions of the Sibling Subsidy Scheme as set forth below.

Signature (Parent) _____

Date _____

Terms & Conditions

1. Definition: A sibling is defined as a second, third, or additional child living in the same household and sharing at least one common parent or legal guardian.
2. Eligibility: The subsidy applies only when three or more siblings are enrolled concurrently for the entire academic year.
3. Combinability: This subsidy cannot be combined with any other promotions, offers or staff benefits scheme. However, it may be used in conjunction with awarded scholarships. The subsidy will be calculated towards the actual tuition fee paid (ie. after deducting scholarship amount). Moreover, the offers received by other siblings will not affect the sibling that is eligible for the sibling subsidy, eg. it is possible for first child receiving scholarship and third child receiving sibling subsidy at the same time.
4. Application & Refund: The deducted amount will be refunded to the fee payer only at the conclusion of the academic year for which the family is eligible.
5. Amendments: The school reserves the right to review and amend this subsidy scheme at any time without prior notice.

To be filled in by school:

Student(s) is/are eligible for sibling subsidy:

Yes __ *applied to school year:* _____

No __ *(If not, reason):* _____

Approved by:

Name _____ *Signature* _____

Date _____