



Careline International Services Pte Ltd

Shelton College Hostel

Application/Contract for Accommodation

Name as in Passport _____

Passport No _____ Expiry Date _____

FIN No. _____ Nationality _____

Date of Birth _____ Country of Birth _____

Race _____ Religion _____

Sex _____ Marital Status _____

**Affix a recent
Photograph

(Required for
processing)**

Course Attending in Singapore _____

Email Address _____

Handphone Number: _____

I agree to uphold the standards of Shelton College Hostel and its rules and regulations.

Signature of Student

Residential Address in Home Country:

Postcode: _____

Phone: (H) _____ (O) _____ (Mobile) _____

Parent's Email Address: _____

Family Background

Name	Relationship	Age	Occupation

Medical History - Please complete attach application.



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IN CASE OF EMERGENCY, PLEASE CONTACT

In case of EMERGENCY , contact _____ at _____
[Name] [Telephone Number]
Alternative contact person: _____ at _____
[Name] [Telephone Number]

Please complete the following sections as fully as possible:
Your answers will help us to settle your child quickly in Shelton College Hostel

Travel Details (If known)

Arrival Date:	Arrival Time:	Airline:	Flight Number:

Do you require transport from the Airport? Yes No

Please read these instructions carefully.

- Complete this form and return it to the following address:
"Shelton College Hostel, 1 Telok Blangah Rise, Singapore 098888".
Tel (65) 6334 1330 Fax: (65) 6337 4208 (email : boarding@sheltonsc.com)
- Booking should be submitted at least **two weeks (02)** in advance of expected date of arrival.
- Booking of Type of Room is subject to availability and on first-come-first serve basis.
- Upon acceptance of offer of room, full payment of Registration Fee @ \$100.00 (non refundable), Deposit of one (01) month room rental and 1 term rent should be made to secure the room reservation. A copy of the bank payment receipt (for Telegraph Transfer) needs to be produced upon checking in.
- A notice of cancellation must be in writing. Full refund for notice of cancellation received more than 7 days prior to check-in. Half of the deposit will be forfeited for notice of cancellation received less than 7 days prior to checkin.
- Please ensure that your Booking is complete and accurate to facilitate processing.
- **Please read the Terms and Conditions and House Rules & Regulations enclosed carefully before signing.**
- If your application is accepted; the application, the Hostel Rental Agreement (Annex B), Terms and Conditions of Hostel Accommodation (Annex C), and Hostel Rules and Regulations (Annex D) form a binding contract with Shelton College Hostel.
- Payment should be made payable to:
Name of the Company: CARELINE INTERNATIONAL SERVICES PTE LTD
Name of Bank: Overseas Chinese Banking Corporation Limited (OCBC Bank)
Account No: 501-795314-001
Address of Bank: Overseas-Chinese Banking Corporation Limited
North Bridge Branch, OCBC Centre, 65 Chulia Street
Singapore 049513



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Referred by: Agent Name: _____

Others Name: _____

YOUR CHOICE OF HOSTEL ACCOMMODATION

- Do select the room type preferred: (please tick one)

1. On-campus Hostel in TBR:

- Half-boarding (8-sharing without meals) - Rent S\$1350 per person per term
- Full-Boarding (4-sharing with 3 meals per day) - Rent S\$3600 per person per term
- Full-Boarding (5-sharing with 3 meals per day) - Rent S\$3000 per person per term

2. Off-campus Hostel in TBH:

- Full-Boarding (2-sharing with 3 meals per day) - Rent S\$3900 per person per term
- Full-Boarding (4-sharing with 3 meals per day) - Rent S\$3300 per person per term
- Full-Boarding (6-sharing with 3 meals per day) - Rent S\$3000 per person per term

CONFIRMATION

I/we would like to register our son/daughter for the above boarding at Shelton College Hostel with effect from:- (Please tick in the appropriate box and complete the dates of stay. (Date format: DD/MM/YY))

minimum 1 term: (from _____ to _____)
(DD/MM/YY) (DD/MM/YY)

more than 1 term: (from _____ to _____)
(DD/MM/YY) (DD/MM/YY)

Signature of boarder

Signature of Parent/Guardian

Date: _____



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DECLARATION TERMS AND CONDITIONS

In completing this application form, the student and the parents of the student are to agree to the following policies and requirements:

- 1 I/We understand that we MUST give one (1) month notice in writing, if we intend to take our son/daughter out of Shelton College Hostel. The deposit is refundable when the student leaves Shelton College Hostel on proper notice. All outstanding payments due to Shelton College Hostel will be deducted from the deposit.
- 2 There is no refund for withdrawals after each period has commenced.
- 3 A non-refundable registration fee is payable upon submission of application form.
- 4 We agree that our son/daughter will understand and abide by the rules and regulations of Shelton College Hostel at all times. The Rules and Regulations of the Hostel are set out in the student's handbook.
- 5 Shelton College Hostel will suspend or terminate my son/daughter for any misdemeanour's or serious offences according to the Hostel Directors discretion.
- 6 Medical Health Coverage – An annual personal hospitalization and surgical scheme is compulsory for all non-Singaporeans, optional for Singaporeans. This coverage will cease upon the withdrawal of the student from Shelton College.
- 7 In the event of a medical emergency, I/we hereby authorize Shelton College Hostel to act on our behalf in getting emergency medical treatment as may be required for the health/welfare of our son/daughter. Shelton College Hostel will inform Parents, guardians or emergency contact person of the situation.
- 8 I/we undertake to pay the Registration Fee and hostel charges if my application is successful.
- 9 We agree to pay all fees in advance and must pay within 7 days prior to commencement of each term/course. We further agree that interest of 5% will be charged from the first day of the school term/course on fees remaining unpaid under the requirements.
- 10 The Management may refuse permission of stay if fees for any preceding terms have not been paid.
- 11 I undertake to read, understand and abide to the Terms and Conditions and Rules & Regulations of Shelton College Hostel or risk expulsion for any non-compliance (Annex B & C). Any balance of the rental fees and deposit shall be forfeited.

12 Refund Policy

- For refund of deposit, students must give **ONE MONTH'S NOTICE** of withdrawal. Deposits will not be refunded to students who withdraw without any notice.
- Students who withdraw mid-term will not be refunded any part of the current term's Hostel Fee. Only fees related to the subsequent new terms will be refunded.

13. I declare that the particulars in this Booking are true to the best of my knowledge and belief, and I have not willfully suppressed any material fact. Any misrepresentation or omission of information will render me ineligible for residence.

We have read and understood and agree to the above Terms and Conditions

Name/Signature of Applicant or Parents

Date

Shelton College Hostel



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Particulars of Guardian / Sponsor / Agent

Name:	Relationship to Student:
Occupation:	Nationality:
Date of Birth:	Marital Status:
Identification Number:	Email Address:
Home Address: Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	Company Name & Address:
Home Telephone:	Business Telephone:
Mobile Phone Number:	Facsimile:
DECLARATION	
I hereby agree to accept the responsibility to act as the local Guardian / Sponsor / Agent of:	
_____ the child of _____	
[Name of Student]	[Parents Name]
and _____	
[Parents Name]	
Signature of Guardian / Sponsor / Agent: _____ Date: _____	

Please NOTE: The Guardian **MUST** be a **Singapore Citizen** or **Permanent Resident** normally residing in Singapore.



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Annex B

Hostel Rental Agreement

This Agreement is made on the _____ day of _____ year
between the Hostel Management **Shelton College Hostel** and the Student set below for the Hostel
Rental at 1 Telok Blangah Rise & Telok Blangah House.

IT IS AGREED as follows subject to enclosed Terms & Conditions

Students Name:

Passport No:

Room No:

Room Type:

Rental per term:

Tenancy Period

Start Date:

End Date:

Paid Deposit Amount:

Signed by:

For and on behalf of **Shelton College Hostel**

In the presence of:

Signed by **Student/Parent**

In the presence of :



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ANNEX C

TERMS & CONDITIONS OF HOSTEL AGREEMENT

1. The hostel rental rate is inclusive of water and electricity.

2. **One (1) month notice shall be given by the Resident for renewal of Tenancy**

3. HOSTEL RATE CHARGE

3.1 To furnish the required advance hostel rental before or upon check-in;

3.2 Any subsequent rental shall be paid in advance (**Payment Collection Date shall be from 1st day of each month**, failing which the following month's rent is applicable for late payment) - applies to Contract which is more than 1 term;

3.3 Upon expiry of Tenancy, any extension of stay, daily or monthly room rate (prevailing rate) shall be charged accordingly;

4. DEPOSIT

4.1 To furnish a required refundable deposit;

4.2 Deposit is not allowed to be used for offsetting of room rental;

4.3 Deposit will be forfeited in the event of breaching the Hostel Rental Agreement/Expulsion, etc;

5. REFUND POLICY

5.1 In the event of early termination due to own accord, any advance Rental paid shall NOT be refunded;

5.2 In the event of early termination due to breach of Rules & Regulations, Expulsion etc, Clause 4.3 shall apply;

6. Residents must pay all charges due to any provider for example hand-phone bills, etc. Such arrangements will deem to be a private arrangement and Shelton College Hostel shall not be liable for such expenses or any such contract so entered into through private arrangement.

7. Resident is liable for any intended damages of room fittings, loss of items listed in Inventory list, this cost shall be deducted from the deposit.

8. Resident is not allowed to change room without Hostel Management's approval.

9. The Hostel's Rules & Regulations are governed in this Agreement.

10. EXPIRY/TERMINATION OF RENTAL TENANCY

10.1 The Management reserve the rights to terminate the Tenancy for any non-compliance to this Terms & Conditions, Rules & Regulations and any violation of Singapore Law;

10.2 The room shall be vacated, room key, Resident Pass, etc as stated in the Inventory List shall be returned, allow Management's Staff to carry out the room inventory check upon expiry/termination of Tenancy;

11. The Management reserve the rights to revise the Terms & Conditions and Rules & Regulations.



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CONFIDENTIAL MEDICAL RECORD

Date : _____

Student's Name : _____ Age : _____

Coursework: EGL BA/TTH Mass Comm High School Programmes
 Others _____

Parent/Guardian Name : _____

Telephone Number : _____

Address : _____

Kindly provide the following information for updating and records. Thank you very much

Do you suffer from any one of the following?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| 1 Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 Congenital Heart | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 Kidney problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 Skeletal Problems/Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Other _____ | | |

If **yes**, please specify treatment and medication >

Is there familial history of any of the above? Yes No

Have you any known ALLERGIES? Yes No

If **yes**, please specify drugs/food >



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Have you been vaccinated against the following?

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| 1 Tuberculosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Hepatitis A/B | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 Polio | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 Measles, Mumps, Rubella | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 Diphtheria, Pertussis, Tetanus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Other _____ | | |

If **no**, please specify >

Do you have any impairment with the following?

- | | | |
|-----------|------------------------------|-----------------------------|
| 1 Hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Speech | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 Sight | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **yes**, please specify >

Are you on any long term medication? Yes No

If **yes**, please specify >

Have you undergone any surgical procedure? Yes No

If **yes**, please specify **When?** and the nature of surgery >



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Have you had a Full Medical Examination? Yes No

If yes, please specify when and where you had your last Medical Examination?
(If possible, please attached a copy of the Medical Report for our records?)

Other comments (Medical or Psychological) >

I / We give permission to administer aspirin or panadol to my / our child / children.
 Yes No

If No, please specify the reason.

Signature Parent / Guardian

Date

Please return this to >

Shelton College Hostel
1 Telok Blangah Rise
Singapore 098888
Tel : +65 6334 1330 Fax : +65 6337 4208
Email : enquiries@sheltonsc.com