 **APS SWIM SCHOOL (S) PTE LTD**

Email: classplacement@apsswim.com

 Tel: 67775823

 Mailing address: Orchard P.O. Box 788, S(912327)

**Change of Class Request Form**

**\*Do note that there will be an admin fee of $5 for Change of Class request regardless of class availability, hence kindly submit 'Change of Class Form' over the front counter. Thank you.**

**Date:**

**Parent’s Questionnaire / Checklist (Important)**

* Reason for requesting change:
* Change of class terms & conditions:
1. I understand that this request is subjected to class availability, and the waiting time will vary.
2. Until a new time is confirmed with a Placement Coordinator, the current class arrangement will remain
3. I accept that a request to change class will likely mean a change of swim teacher as well.
4. An administrative charge of $5 applies for every change of class
	1. Kindly note that the fee is non-refundable regardless if there is an available change or not (subjected to availability).

[ ]  I ACCEPT (Please Tick)

Please proceed to fill in the remaining necessary details so as to ensure a smooth placement process. We will contact you soon.

**Student Information**

Surname       Given Name (S)      Gender

Date of Birth (DD/MM/YYYY)

**Parents/Guardian Information**

Surname       Given Name (S)      Relationship to Student

Mobile No.       Work No.       Home No.

Email Address

Best time to contact you (please select)

AM [ ]  PM [ ]  Mobile No. [ ]  Work No. [ ]  Home No. [ ]

**Current Class Information**

Day of Lesson:       Location:       Program: LTS[ ]  Endurance [ ]  Cross Training[ ]

Present Swim Teacher:       Last Learn-To-Swim badge received (if any):

**Time Options (Please √ as many options as possible)**

**Learn-To-Swim Program**

Wed: 4pm [ ]  5pm [ ]

Thu: 4pm [ ]  5pm [ ]

Fri: 4pm [ ]  5pm [ ]

Sat: 9am[ ]  10am[ ]  11am[ ]  3pm[ ]  4pm[ ]  5pm[ ]  6pm[ ]

Sun: 9am[ ]  10am[ ]  11am[ ]  3pm[ ]  4pm[ ]  5pm[ ]  6pm[ ]

**Endurance Program**

Farrer Park ACJC

Tue: 6:30pm [ ]  7:30pm [ ]  Wed: 6:30pm [ ]  7:30pm [ ]

Thu: 6:30pm [ ]  7:30pm [ ]  Fri: 6:30pm [ ]  7:30pm [ ]

Sat: 9am[ ]  10am[ ]  11am[ ]  3pm[ ]  4pm[ ]  5pm[ ]  6pm[ ]

Sun: 9am[ ]  10am[ ]  11am[ ]  3pm[ ]  4pm[ ]  5pm[ ]  6pm[ ]

**Cross Training Program**

Farrer Park ACJC

Wed: 6:30pm [ ]  7:30pm [ ]  Tue: 6:30pm [ ]  7:30pm [ ]

Fri: 6:30pm [ ]  7:30pm [ ]  Thu: 6:30pm [ ]  7:30pm [ ]

Sat: 9am[ ]  10am[ ]  11am[ ]  3pm[ ]  4pm[ ]  5pm[ ]  6pm[ ]

Sun: 9am[ ]  10am[ ]  11am[ ]  3pm[ ]  4pm[ ]  5pm[ ]  6pm[ ]

*\*Office Use: If request form is filled on behalf of client by APS staff, please indicate as required below:*

Name of staff: Signature:

**\*Office Use Only**

**First Offer:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Placed | Placed by | Location | Day of Class | Time of Class | Swim Teacher |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date/Time Called | Content | A | Start Date | P | R |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 ‘A’ – Accept ‘P’ – Pending ‘R’ – Reject

**Second Offer:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Placed | Placed by | Location | Day of Class | Time of Class | Swim Teacher |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date/Time Called | Content | A | Start Date | P | R |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 ‘A’ – Accept ‘P’ – Pending ‘R’ - Reject