

Declaration and Consent Form

This form is **compulsory** for all students enrolling into Republic Polytechnic (RP).

PART 1 – STUDENT’S DECLARATION (to be completed by student)	
Full Name of Student (in BLOCK letters):	Student ID:
Residency (Please tick accordingly): <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner (Nationality: _____)	NRIC/FIN/Passport No.:
DECLARATION BY THE STUDENT	
<p>1. I have read and understood the instructions as well as the terms and conditions outlined in the Enrolment Booklet and will ensure strict compliance with the requirement(s) stipulated by Republic Polytechnic (“RP”) or other relevant authorities affecting my admission/status as a student of RP.</p> <p>2. I agree to settle all fees payable or amount outstanding owed to RP as an enrolled student in RP, regardless of attendance. I will abide by the policy related to administrative fee charges (Refer to Finance Matters section of the Enrolment Booklet).</p> <p>3. I am aware that I will be required to undergo a compulsory module G951 Life Skills I that involves Physical Education (PE). I am deemed to be physically fit to participate in the classes unless I provide supporting documents with valid medical reasons to be exempted from PE and Individual Physical Proficiency Test (IPPT) for G951 Life Skills I (Refer to the Enrolment Booklet for more information).</p> <p>4. I have read, understood and consent to RP’s privacy statement on the collection, usage and disclosure of personal information, which is accessible via https://www.rp.edu.sg/privacy-statement.</p> <p>5. I am currently not under police investigation in Singapore or overseas. <i>If you currently are, provide appropriate details:</i> _____</p> <p>6. All information provided in this form is true and accurate to the best of my knowledge.</p>	
POINTS 7 – 8 APPLY TO INTERNATIONAL STUDENTS	
<p>7. In case of an emergency during my course of study in RP where I may need medical attention in the form of surgery, medical procedure or treatment, and my parent/legal guardian may not be immediately contactable, surgeons or consultants in Singapore hospitals would require a representative in Singapore (“Local Representative”) to be present at the hospital to give or refuse consent to the surgery or other medical procedure or treatment on my behalf.</p> <p>8. To avoid possible delays to a surgery, medical procedure or treatment that I may need, I or my parent/legal guardian may appoint a Local Representative who will have the authority to give or refuse consent to the surgery or other medical procedures or treatment, on behalf of me/my parent/my legal guardian. This Local Representative should be informed of his/her role and should be contactable by me and/or RP based on the Local Representative’s particulars.</p>	
Signature of Student	Date (DD/MM/YYYY)
<p>Please tick in the appropriate box:</p> <p><input type="checkbox"/> I am below 18 years old. The following section will be completed by my parent or guardian.</p> <p><input type="checkbox"/> I am 18 years old and above. The following section will be completed by me.</p> <p><input type="checkbox"/> I am an International Student. The following section will be completed by my local representative, or a parent or guardian who resides in Singapore.</p>	

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PART 2 – INDEMNITY AND CONSENT

1. I have no objection to myself/my child/ward[^] being admitted to RP.
2. I am aware of the risks that may be associated with certain activities in the course of study at RP (including co-curricular activities and industrial attachments) but I agree that such activities will be of learning value to me/my child/ward[^]. In consideration of RP's provision of education to me/my child/ward[^], I undertake that I will not hold RP liable for any injury, illness, death, damage, loss, expense or cost that may be caused to me/my child/ward[^] (except for personal injury or death caused by negligence of RP).
3. In consideration of RP's provision of facility and/or arrangement of industrial attachment for me/my child/ward[^], I further undertake to indemnify RP:
 - a. for any damage to property, loss, expense or cost suffered by RP; and
 - b. against any claim made by any third party against RP and from any expense or cost incurred by RP in the event it is held liable for damages in respect of such claim by reason of or arising out of any injury, death, damage to property, loss, expense or cost occurring to any person which is caused by or as a result of any act or omission by me/my child/ward[^].
4. I am also aware that, as an institution of higher learning, RP will treat me/my child/ward[^] as a young adult and correspond directly with me/my child/ward[^] on all matters (including academic results) during my/my child/ward's[^] course of studies. Although RP may contact parents/guardians/local representatives from time to time or in cases of emergency, it is in the interest of parents/ guardians/local representatives to communicate directly with their child/ward[^] to monitor his/her academic progress and student status during the course of his/her studies at RP.
5. I consent to RP and its officers, staff, teachers, contractors and agents contacting me/my child/ward[^] via telephone, text or email for all purposes related to any matter arising from or related to my/my child/ward's[^] enrolment at RP, including non-academic activities and matters. I confirm that the registration of my/our* telephone number(s) with the Do Not Call Registry does not affect this consent granted.
6. I have read, understood and consent to RP's privacy statement on the collection, usage and disclosure of personal information, which is accessible via <https://www.rp.edu.sg/privacy-statement>. I also understand that students' data could be shared with government ministries, statutory boards and agencies or external parties where RP is required to do so by law or in order to fulfil a statutory obligation or for the purpose of Education and Career Guidance (ECG).
7. I agree to all the terms and conditions stated above.

POINTS 8 – 9 APPLY TO THE INTERNATIONAL STUDENT'S PARENT/LEGAL GUARDIAN/LOCAL REPRESENTATIVE

8. I am aware that I have been appointed as the Local Representative for the abovementioned student and have understood my role and responsibilities:
 - I understand that RP will contact the parent/legal guardian first if the student requires medical attention as described above.
 - Should RP be unable to contact the parent/legal guardian, RP will then contact me and only when I am not contactable, then RP, its officers, staff or any authorised personnel will give or refuse consent to the surgery or other medical procedures or treatment.
9. I am aware that international students, who notify RP on their citizenship change after week 2 of the academic semester, will be billed fees at the international student's rate for the first semester. I am also aware that the fees will be adjusted to the updated rate from the next semester onwards.

Full Name of Parent/Guardian/Local Representative [^] (in BLOCK letters)	NRIC/FIN/Passport No.
Email Address	Date of Birth (DD/MM/YYYY)
Local Mailing Address	Contact Number
Signature of Student*/Parent/Guardian/Local Representative [^]	Date (DD/MM/YYYY)

[^] Please delete accordingly