



Waiting List Application

A. PARTICULAR OF CHILD	
Name:	Birth Certificate / UIN No:
Gender (Tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship*: Singapore Citizen / Singapore Permanent Resident
Date of Birth:	Mother Tongue Language*: Chinese / Malay / Others (Please Specify): _____
Current School:	Current Level / Year:
B. PARTICULAR OF PARENT	
Father	Mother
Name:	Name:
IC No.:	IC No.:
Citizenship:	Citizenship:
Highest Education Level:	Highest Education Level:
Occupation / Company's Name:	Occupation / Company's Name:
Contact No.: (H)_____ (HP)_____	Contact No.: (H)_____ (HP)_____
Email Address:	Email Address:
Residential Address:	
Reason for Transfer:	
C. PARENT'S ENDORSEMENT	
And/Or	
----- Father's Signature	----- Mother's Signature
----- Date	

*Delete where applicable