

YU NENG PRIMARY SCHOOL • 育能小学

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A vibrant connected community that aspires, learns and leads

Waiting List Application

A. PARTICULAR OF CHILD			
Name:	Birth Certificate	Birth Certificate / UIN No:	
Gender (Tick):	Citizenship*:		
■ Male ■ Female	Singapore Citiz	Singapore Citizen / Singapore Permanent	
	Resident		
Date of Birth:	Mother Tongue	Mother Tongue Language*:	
	Chinese / Mal	ay / Others (Please Specify):	
Current School:	Current Level / \	Year:	
B. PARTICULAR OF PARENT			
Father		Mother	
Name:	Name:		
IC No.:	IC No.:		
Citizenship:	Citizenship:	Citizenship:	
Highest Education Level:	Highost Education	Highest Education Level:	
Highest Education Level:	nighest Educatio	Highest Education Level.	
Occupation / Company's Name:	Occupation / Co	Occupation / Company's Name:	
, ,			
Contact No.:	Contact No.:		
(H)(HP)	(H)	(HP)	
Email Address:	Email Address:		
Residential Address:	I		
Reason for Transfer:			
C. PARENT'S ENDORSEMENT			
And/Or			
Fulls J. Co.	A - II - J - C'	Do+-	
Father's Signature N	Nother's Signature	Date	

^{*}Delete where applicable