BROADRICK SECONDARY SCHOOL

61 Dakota Crescent S399935 Tel: 63445025 Fax: 64471427 Broadrick_ss@moe.edu.sg



REQUEST FOR ADMISSION / TRANSFER IN / RETURNING SINGAPOREAN FORM

1 STUDENT'S PERSONAL PARTICULARS					
Full Name (as in NRIC, underline surname):					
NRIC No / STP No :		Date of Birth (DD/MM/YYYY):		Gender (M/F):	
		`	,	,	
Citizenship: Singaporear	n/ Permanent Resident /	Home or Residence Tel No.:		Handphone No.:	
International student*				·	
Address		Type of recide	2001	Level to be admitted:	
Address:		Type of residences:		Level to be admitted.	
		1/2/3/4/5 HDB Flat		Stream:	
		Private flat / Condominium		Express (G3) / NA	
		Semi Detached / Detached / Terrace /		(G2) / NT (G1)	
S()		Shophouse / Others (to specify):			
,		Own / Rent			
2 STUDENT'S ACADE	MIC BACKGROUND (PI		any of the most re	voont coodomic rocord)	
Current/ Former School*:		ease allacii a ci	opy of the most re	Date left school:	
Carrent Former School .				Date left scriool.	
Last Level Attended:		Stream/Course	e (if applicable):	Mother Tongue:	
Previous CCA:					
Reason for Admission:					
3 PARENT'S/ GUARDIAN'S PARTICULARS					
Full Name (as in NRIC,	Dad :	Hp no :	Mom :	Hp no :	
underline surname):					
NRIC No :					
Home Tel No.:	Occupation :		Occupation:		
Address:				Postal Code :	
				S ()	
Relationship to Student:					
I declare that all information provided by me in the application form is complete and true.					
Signature :		Date :			

^{*} Please delete accordingly

4	INTERVIEW DETAILS (To be completed by Year Head/ VP):	
	proval to sit for placement test, does not guarantee a place in acipal and the Year Head will be conducted for consideration	
	Date Interview was conducted :	_
	Comments:	
	Accepted for admission/ Not Accepted for admission*	
	Date of admission: Start date of sch	nool :
	Name and Signature of Year Head /HOD	Date
	Name and Signature of Vice-Principal	Date
	*Please delete accordingly	
5	SUBJECTS TO BE TAKEN BY STUDENT:	
	1	
	2	
	3	
	4	
	5	
	7	
	8	
	9	
	*To take note of availability of places for the various archive	ot combinations
	*To take note of availability of places for the various subjection *To check on Mother Tongue language type &/ or exemption	
	Status for results records in Cockpit system (if applicable):	
	Placement test dates and subjects (if applicable) :	
	Class to be admitted to: Sec	
	CCA to be admitted into:	

6	MEDICAL CONDITION/ ALLERGIES
	Student has Medical Conditions/ Allergies (Y/N) * If yes, please indicate condition:
7	SPECIAL NEEDS / ACCESS ARRANGEMENT
	Student has Special Needs: (Y/N) * If yes, please indicate condition:
	Parents have requested for Access Arrangement for school internal examinations and National Examinations. (Y/N) * If yes, please indicate request:
	*please delete accordingly. If student has Special Needs, Parent/ Guardian would have to support with official documents from the doctor.
	Completed forms to be photocopied and passed to Form Teachers, Year Heads, Administration Manager and HOD ICT. Communication to be made to HODs, Subject Teachers, Form Teachers and School Counsellors by Year Heads.
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CHECK-LIST for NEWLY ADMITTED STUDENTS

Communication of expectations to student
Uniform
Booklist
Time-Table
Student Handbook
Discipline Rules
Singpass access