

LATE APPLICATION / APPEAL TO OFFER CHINESE / MALAY (SPECIAL PROGRAMME)

SECTION I (To be completed by applicant a	ind parent)			
Application to study:	□CSP	□ MSP		
Zonal Centre:				
Date of Application:				
Reason/s for Late Application/ Appeal:				
.,				
DAYS AVAILABLE TO ATTEND CLASS	AT ZONAL CENTRE	(only applicable for		
classes at the MOE LANGUAGE CENTRES		()		
, and the second				
☐ Monday ☐ Tuesday ☐ We	dnesday □ Thursd	lay □ Friday		
INFORMATION OF STUDENT				
Name of Student:	Student Identification N	No.		
Name of Secondary School:	Name of Secondary School: Level/Class:			
Tham's or essentially consen	20101/01/03			
Citizenship:	Race:			
DETAILS OF EXAMINATION RESULTS				
Important Note:				
For students who sat for PSLE, please attach the PSLE Results Slip together with this application. For students who did not offer PSLE in Singapore, please attach the Primary certification (with results) and latest				
academic record (if any) together with this application.				
PSLE Score (if applicable):		MT AL Score at PSLE:		
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Mother Tongue Language (MT) offered at PSLE:		EL AL Score at PSLE:		
☐ Chinese ☐ Malay				
☐ Tamil ☐ Others (please specify subject):				
If you are exempted from MT, please specify reason (s):				
Date of exemption:				

INFORMATION OF STU	JDENT'S PARENT(S)			
Name of Father:		Name of Mother:		
Home telephone	Handphone No.:	Home telephone	Handphone No.:	
no.:		no.:		
Email Address:		Email Address:		
Email Address.		Email Address.		
Parent's Declaration:				
I declare that the above	information is correct.			
Name of Pare	ent	Signature	Date	
SECTION II /To be som	unlated by Cabaal Drin	sinal hafara auhmissia	n to CDDD\	
SECTION II (10 be con	ipieted by School Prin	cipal before submission	n to CPDD)	
1. The school	confirms that all inform	ation in Section 1 is corre	act	
		I this application for consi		
2. 1 10001111110		tino application for conto	deration by or bb.	
Name of Princ	ipal	Signature	Date	
	•			
SECTION III: This form	is submitted by HOD			
Name of HOD/MTL:		Contact No.:		
Const. Aslabases				
Email Address:				
Important Note:	_			
•	cation form to the follow	ing officers via email in P	DF format:	
 Please submit this application form to the following officers via email in PDF format: C(SP): Lim Xuan Han (Lim_Xuan_han@moe.gov.sg) 				
M(SP): Suhaimi bin Sahmat (<u>Suhaimi_SAHMAT@moe.gov.sg</u>)				
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RESULTS OF APPLICA	ATION: (For official us	e only)		
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The child's application to offer *Malay / Chinese (Special Programme) is *SUCCESSFUL /				
NOT SUCCESSFUL.	,	(1		
If successful, the child	will attend lessons at $_$		(name of	
centre) on	(day) at	(time).	,	
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Date of confirmation: _				