Level applying for: Primary Year:	
-----------------------------------	--

Name:	BC No:			
Citizenship: Singapore	Citizen / Singapore PR	Race:	Religion:	
Address:		Mother Tongue		
	Language:			
Current School:	Current Level:			
Medical condition/	history (if any):			
PART II – PARENTS				
Name as in NRIC	<u>Father's</u>		<u>Mother's</u>	
NRIC				
Citizenship	Singapore Citizen / Si	ingapore PR	Singapore Citizen / Singapore PR	
Mobile No				
Email Address				
Occupation				
Company				
PART III – SUPPOR	TING DOCUMENTS TO BE	SUBMITTED		
	ficate tion Record (applicable for P ermit (for SPR) or, Singapore		e (for SC born overseas) if applicable	
Reasons for this appl	ication:			

PART IV – ADDITIONAL SUPPORT

- A Nil reply is required.
- For all wait list applications, we would appreciate if the school can be kept informed of any additional support required by the child (if any).
- Should there be any additional support required by the child, please provide the information regarding any assessments your child has had with the following professionals.

Assessment with	Tick	Year	Outcome of Assessment
Medical Specialist			
Occupational Therapist			
Speech-Language Therapist			
Psychiatrist			
Psychologist (Clinical/Educational)			
Speech-Language Therapist			
Others (please specify)			
	d that t	he scho	have not withheld any information that will mislead the school ool will not be able to support my child in her areas of concern
T V – PARENT'S DECLARATION			
clare that the information given in ish any further information or do			ion is true to the best of my knowledge and I undertake to ired by the school.