

CHIJ Our Lady of the Nativity
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## **Wait-List Application Form**

| Date:                                     |               |                 |                | Serial No. :        |                  |
|---|---------------|-----------------|----------------|---------------------|------------------|
| Pupil's Particulars                       |               |                 |                |                     |                  |
| Name:                                     |               |                 |                | BC No.:             |                  |
| Current Level:                            |               | Preferred Da    | ate of Transfe | er (if applicable): |                  |
| Religion:                                 | Date of Bi    | rth:            |                | Citizenship:        |                  |
| Second Language: Chinese                  | Malay         | Tamil           | Others:        |                     | (please specify) |
| Present School:                           |               |                 |                |                     |                  |
| Current Home Address:                     |               |                 |                |                     |                  |
| New Address (if any):                     |               |                 |                |                     |                  |
| Effective Date of New Address:            |               |                 |                |                     |                  |
| Father's Particulars                      |               |                 |                |                     |                  |
| Name of Father:                           |               |                 |                | Religion:           |                  |
| Contact Nos.:                             | (H)           |                 |                | (HP)                | (O)              |
| Occupation:                               |               | Organi          | sation:        |                     |                  |
| Educational Qualifications:               |               |                 |                |                     |                  |
|   |               |                 |                |                     |                  |
| Mother's Particulars                      |               |                 |                |                     |                  |
| Name of Mother:                           |               |                 |                | Religion:           |                  |
| Contact Nos.:                             | (H)           |                 |                | (HP)                | (O)              |
| Occupation:                               |               | _ Organi        | sation:        |                     |                  |
| Educational Qualifications:               |               |                 |                |                     |                  |
|   |               |                 |                |                     |                  |
| Reasons for Application (or an            | y other im    | portant infor   | mation):       |                     |                  |
|   |               |                 |                |                     |                  |
|   |               |                 |                |                     |                  |
|   |               |                 |                |                     |                  |
| I attach a copy of the following          | g documen     | its:            |                |                     |                  |
| Past Exam Results                         |               |                 |                |                     |                  |
| ☐Birth Certificate☐Baptism Certificate (i | f any)        |                 |                |                     |                  |
| Name Card                                 | • •           |                 |                |                     |                  |
| Others:                                   |               |                 |                |                     |                  |
| Applicant's Signature & Date:             |               |                 |                |                     |                  |
| Applied by:                               |               |                 |                |                     |                  |
| Name & Contact No. (if applicar           | nt is not chi | ld's parent): _ |                |                     |                  |

<sup>\*</sup> Please delete accordingly