## **CLEMENTI TOWN SECONDARY SCHOOL**

## <u>APPLICATION FOR STUDENT ADMISSION</u> <u>(Year 2023 Sec 2 / 3 only)</u>

Applying for admission to Secondary	1/2/3 IN YEAR (	), Express / N(A) / N(T)
Name of Pupil:	Date of Birth:	Sex: M / F
NRIC/FIN/Passport No.:	Current Level: Sec	
Residential Address:		
Name of Contact Person (Parent/Gua		
Email Address of Contact Person:		
********* PSLE Score:	*********	
Is posting to Secondary School via D	irect School Admission	(DSA): Yes / No /NA
Are you offered Higher Mother Tongu	ie Language: HCL /HML	. / HTL / No
Reason(s) to support your application	n into Clementi Town S	econdary School:
Please include the following supporti		
<ol> <li>School Results (within 12 months)</li> <li>CCA records (within 12 months)</li> </ol>		
Signature of Applicant Sign	nature of Parent/Guardi	an Date
Only shortlisted candidates will be notificularly placement test and/or called for an interv		es may be invited to do a
For Office Use:		
Form received by:	Signature:	Date: