南侨小学

NAN CHIAU PRIMARY SCHOOL Application Form for Seeking Transfer / Admission

Year to be admitted:				Level to be admitted:		
TRANSFER-IN V			eted form a	nd email to ncps@moe	edu sa Please provide	
	ne child's Bir			sment results for referen		
Name	niid			Birth Cert No.		
Date of Birth					M 1 / F 1	
(DD/MM/YY)				Gender	Male / Female	
Nationality	☐ sc	SPR		Mother Tongue	CL / ML / TL	
Current School				Current Level		
Name of sibling in Nan Chiau			Class	for transfer:		
Primary (If any) Particulars of Particulars	arent's			Name & Level		
Name of Father				NRIC No.		
Email Address				Contact No.		
Name of Mother				NRIC No.		
Email Address				Contact No.		
Residential Address				<u> </u>		
Remarks / Reas	ons for tran	nsfer				
Signature of Parent/Guardian			_	 Date		
Important Notes	s:			Date		
This application was If you submit in 2						
FOR OFFICE US	SE ONLY		Ren	narks:		
Form Received by	<i>,</i> .		1.01			
			_		(a.a.n.)	
Date :		Clas	ss:Y	′ear :		