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						
				d email to ncps@moe sment results for referen	.edu.sg. Please provide ce purpose.	
Particulars of Cl						
Name				Birth Cert No.		
Date of Birth (DD/MM/YY)				Gender	Male / Female	
Nationality	☐ sc	SPR		Mother Tongue	CL / ML / TL	
Current School				Current Level		
Name of sibling in Nan Chiau Primary (If any)			Class	Any sibling applying for transfer: Name & Level		
Particulars of Pa	rent's					
Name of Father				NRIC No.		
Email Address				Contact No.		
Name of Mother				NRIC No.		
Email Address				Contact No.		
Residential Address						
Remarks / Reason	ons for trar	nsfer				
Signature of Parent/Guardian Important Notes:				<u>Date</u>		
This application w If you submit in 20	ill be valid ti					
FOR OFFICE US	E ONLY					
			Rema	агкs:		
Form Received by	':					
Date :		Class	s: Y	ear :		