STUDENT ADMISSION

FOR ADMISSION TO THE YEAR: **2024**



APPLICATION FOR ENTRY FOR SECONDARY SCHOOL

Applying for: (*Please tick* ' $\sqrt{\ }$ ' accordingly)

	O-level	IP	Both
Sec 1			
Sec 2			
Sec 3			

Student's Particulars		
Citizenship: 🗖 Singaporean	■ Singapore PR*	BC no.:
Name of Applicant:		Date of Birth:
Are you a returning Singaporean? ■ Yes ■	No*	
- Have you sat for the SPERS exam (MOE)? ■	•	am:
- Have you secured a place in any mainstream s	chool in Singapore? ■ Yes ■ No*	
If Yes, to state name of School:		
Please attach copies of the following:		
■ Last 2 years' school results	■ SPERS result slip (if applicable)
PSLE result slip	■ Testimonials (if applicable)	,
If yes, to state name of School:	th any school in Singapore? Yes No	*
If yes, to state name of School:	th any school in Singapore? Yes No	*
If yes, to state name of School: Name of Present School:	th any school in Singapore? Yes No	*
If yes, to state name of School:	th any school in Singapore? Yes No	*
If yes, to state name of School: Name of Present School:	th any school in Singapore? Yes No	*
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents:	th any school in Singapore? Yes No	*
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents:	th any school in Singapore? Yes No	*
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents:		
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents: Reason for application to SCGS:		
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents: Reason for application to SCGS: Contact Person for Communication Purpose:		
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents: Reason for application to SCGS: Contact Person for Communication Purpose: Name of Parent / Guardian*:		
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents: Reason for application to SCGS: Contact Person for Communication Purpose: Name of Parent / Guardian*: Email :		Handphone:
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents: Reason for application to SCGS: Contact Person for Communication Purpose: Name of Parent / Guardian*: Email :		Handphone:
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents: Reason for application to SCGS: Contact Person for Communication Purpose: Name of Parent / Guardian*: Email : Address : Parent's Declaration	■ Father ■ Mother ■ Guardian*	Handphone:
If yes, to state name of School: Name of Present School: CCA / Special Strengths / Talents: Reason for application to SCGS: Contact Person for Communication Purpose: Name of Parent / Guardian*: Email : Address :	■ Father ■ Mother ■ Guardian*	Handphone:

Important Notes:

- 1. This form is only valid for the Year of Proposed Entry and for One Admission / Placement Test (if any for the year).
- 2. Applicants will be required to sit for the Admission / Placement Tests set by the school to determine the appropriate level and class.
- 3. Admission Test Fees will be advised through a separate email.
- 4. Places will be awarded based on merit, subject to the number of vacancies available (if any for the year).