



FORM C

**ST. HILDA'S SECONDARY SCHOOL
APPLICATION FOR TRANSFER, YEAR: _____
(RETURNING SINGAPOREANS)**

REG. NO.: _____
Attended By:

Level: Sec 1 / 2 / 3

Student's Name (as in Passport or Birth Cert.)	Birth Cert. / NRIC / Identification No.:
Gender: Male / Female	Date of Birth:
Current / Last School Attended:	
Reasons for Application: 	

Parent's Particulars:

Name of Parent / Guardian:	Address:	
Tel No. _____	H/P No: _____	Email Address: _____

Parent / Guardian's Signature

Date

For Official Use:	
Result : YES / NO	Class Admitted To:
Principal's Signature	
Date	

REG. NO.: _____
Attended By:

Dear Applicant

Please note the following

1. We will contact you, only if your child is shortlisted for admission.
2. Vacancy is NOT allocated based on first-come-first-served basis. Our school's guidelines for transfer consideration are based on proximity of student's home to the school, student's overall academic performance etc. Kindly note that Management's decision is final.
3. Please attach copies of latest result slips for submission.
4. Thank you for your interest in St. Hilda's Secondary School. Our school contact numbers: Tel 63055277 or Fax 67865011