



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

FORM C

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