



ST. HILDA'S SECONDARY SCHOOL
APPLICATION FOR TRANSFER, YEAR: _____

FORM B

REG. NO.: _____
Attended By: _____

Level: Sec 2 / 3

Student's Name (as in Passport or Birth Cert.)	Birth Cert. / NRIC / Identification No.:
Gender: Male / Female	Nationality: Singapore / PR / Foreigner
Date of Birth:	Expiry Date of Student Pass:

Current / Last School Attended:

Student's Latest Results: Please attach copies of latest school's result slips for submission.

Reason(s) for Seeking Transfer:

(Four lines for writing)

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. Thank you for your interest in St. Hilda's Secondary School. Our school contact numbers: Tel 63055277 or Fax 67865011