



This form may take you 10 minutes to complete. Please ensure the form is completed accordingly. Incomplete applications will be rejected.

APPLICATION FORM FOR SCHOOL TRANSFER

(Fax: 67754487)

1. PUPIL'S PERSONAL PARTICULARS

Name (Full Name as in BC/UIN) _____

BC/FIN/UIN No.: _____ Date of Birth (DDMMYYYY): _____ Gender (Please tick): Male Female

Citizenship Status (Please tick) Singapore Citizen Permanent Resident Mother Tongue (Please Specify) _____

Current School: _____

Current Level: _____ Stream: _____ Admitted via DSA-Sec Exercise: Yes No (if applicable)

PSLE Score: _____ (Please attach supporting documents)

2. REASON(S) FOR TRANSFER (Please tick box where applicable)

Change of address(Please attach supporting documents)

Medical / Psychological / Physiological Reasons (Please attach supporting documents)

Others (Please specify) _____

Address _____
 _____ Singapore _____

3. PARENT'S / GUARDIAN'S PARTICULARS

Name (Full Name as in NRIC/UIN) _____

NRIC/UIN No.: _____ Contact No.: _____
 _____ Tel No.: _____ HP No.: _____

Relationship to Pupil: _____

I declare that all information provided by me in this form is correct and true. I understand that giving false information in this form is a criminal offence punishable under Section 182 of the Penal Code, Chapter 224 of the Statutes of Singapore and the punishment for such an offence is imprisonment for up to one year or a fine of up to \$5,000 or both imprisonment and fine. I accept that any false information furnished in this form will result in my child/ward having to give up the transfer effected and my child/ward being posted to any school as directed by the Ministry of Education.

Signature: _____ Date: _____

4. CURRENT SCHOOL PRINCIPAL'S ACKNOWLEDGEMENT

Name: _____

Designation: _____ Contact No.: _____

I have seen the pupil and have advised him/her accordingly.
 The school supports the request for transfer.

Signature: _____ Date: _____

* Please delete where applicable