

PEI CHUN PUBLIC SCHOOL

APPLICATION FORM FOR STUDENT SEEKING ADMISSION

**Student's Particulars**

Name of child: \_\_\_\_\_

Gender: M / F

BC/UIN No: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Current School: \_\_\_\_\_

Any Younger Siblings: Yes / No

Level to be admitted/year: Pri\_\_\_\_ / Yr 20\_\_\_\_\_

Date of Birth (DD/MM/YY):\_\_\_\_\_

**Parent's Particulars**

	Father	Mother
Name		
Citizenship		
Occupation		
Phone Number		
Email Address		
Home Address		

Reason for Transfer	Please tick	Additional Information (if any)
Change of address		
Return from overseas posting		
Others		

Does your child have any medical condition that requires school support? Yes / No

Additional details on medical condition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach photocopies of latest school achievements. \_\_\_\_\_

Signature of parent/guardian & date