



Eunos Primary School

95 Jalan Eunos S(419529) Tel: 67463336 Fax: 67488554

APPLICATION FOR ADMISSION / TRANSFER (WAITING LIST)

(Please submit this form personally together with copies of relevant documents, eg. Passport, Birth Certificate, Dependant Pass, etc)

Level Applied for : P1 / P2 / P3 / P4 / P5 / P6 Year : _____ Mother Tongue: _____

Name of Child: _____ Date of Birth: ____/____/____

Gender : M / F BC No.: T _____ FIN No. G _____ (Dependant Pass/ Student Pass/Others)

Nationality: Singaporean / PR / Foreigner (please state country : _____)

Current School: _____

Father's Name: _____	Mother's Name _____
Nationality: _____ Pass (if any): _____	Nationality: _____ Pass (if any): _____
Occupation : _____ (Father)	Occupation : _____ (Mother)

Name of Applicant : _____

Relationship to Pupil: Parent / Guardian

Home Address: _____
(Present) _____ Postal Code: _____

Home Address: _____
(New) _____ Postal Code: _____ Shift In Period _____

Overseas Address: _____
(if any) _____

Contact No. : (H) _____ (HP) _____ (O) _____

Email Address : _____

Reason(s) for application: _____

Child's Latest Results: _____ (EL) _____ (CL) _____ (Maths) _____ (Science)

(Please attach a photocopy of your child's latest exam result (SA 1 or SA 2)

Please state the names of Sibling(s) currently on waiting list (if applicable)

Name: _____ Date of Birth : ____/____/____

Name: _____ Date of Birth : ____/____/____

I declare that the above information provided is true to my knowledge and I understand that the school reserves the right to withdraw my application should any information given is found inaccurate.

Signature of Applicant (Parent/Guardian) _____ Date _____

Please note : Only successful applicant(s) will be informed via telephone or email.

For Official Use

Date Received: ____/____/____

Application Status: Approved / Rejected/Pending for Review

Remarks: _____

Admission Level: P _____ Class Admitted: Primary _____ Year: _____