

WAIT LIST APPLICATION FORM

Please complete and submit this form, together with the supporting documents required, and email the school at saps@moe.edu.sg. Parents would be informed of admission procedures should there be a vacancy in the school for your child.

LEVEL AND YEAR OF ADMISSION:			
SECTION A: CHILD'S PARTICULARS			
Name [as shown in BC]:			
BC/UIN.FIN.No:	Date of Birth:	Age:	
Citizenship:	Religion:		
Recent Subject Combination: (Primary 5 and Primary 6 only)	Current School:		
SECTION B: PARENTS' PARTICULARS			
Father's Name:			
NRIC.No	Citizenship:	Citizenship:	
Occupation:	Religion:		
	<u> </u>		
Mother's Name:			
NRIC.No	Citizenship:		
Occupation:	Religion:		
SECTION C: CONTACT INFORMATION	,		
Residential Address:			
Tel No [Home]:	Mobile No:		
Email:	1		
SECTION D: REASON/S FOR APPLICATION	ON		
PLEASE NOTE: APPLICATION ONLY VALID FOR THE YEAR OF ADI DOCUMENTS TO BE ATTACHED: CHILD'S BC/ BOT		DEMIC RESULTS	
Signature of Father / Mother		 Date	

Caring Hearts, Passionate and Joyful Learners; Lasallians in service of God, family and nation