



BUKIT PANJANG PRIMARY SCHOOL
109 Cashew Road, Singapore 679676
Tel: 67691912 Fax: 67637462
<http://www.bukitpanjangpri.moe.edu.sg/>

Future Leaders, Concerned Citizens

WAITING LIST APPLICATION FORM for SCHOOL TRANSFER

LEVEL APPLYING for : PRIMARY _____

IN YEAR : _____

* Please Note of the following:

- 1) The school will contact you only if a place is available, Places are not allocated on a first-come-first served basis.
- 2) Application are valid only for the current calendar year.
- 3) Fresh applications will have to be submitted at the end of each calendar year if you wish to remain on our waiting list.
- 4) Incomplete Application Form or Form without copy of academic results WILL NOT be considered.

PUPIL'S PERSONAL PARTICULARS (Please circle where applicable)			
Name (As in Birth Certificate)		Gender : Male / Female	
Birth Certificate No :	Date of Birth : (DD/MM/YYYY)	Race :	
Nationality : (Please tick box where applicable) <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others : (please specify Country of Origin) _____			
Address :		Postal Code :	
PUPIL'S ACADEMIC BACKGROUND (Photocopies required) (Please circle where applicable)			
Present School :			
Mother Tongue : Chinese / Malay / Tamil / *Others (Please Specify) : _____			
NAME of SIBLING(s) (if any) applying for other levels in BPPS (Please circle where applicable)			
S/N	Name of sibling(s)	Gender	Date of Birth (DD/MM/YYYY)
1		M / F	/ /
2		M / F	/ /
3		M / F	/ /
REASON(s) FOR TRANSFER (Please tick where applicable)			
<input type="checkbox"/> Change of Address <input type="checkbox"/> Medical Reason : (Please elaborate below) <input type="checkbox"/> Others : (Please specify below)			
Details : (Please attach any supporting documents)			



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FATHER'S PARTICULARS		
Name (As in NRIC) :		NRIC No :
Mobile No :	Office No :	Residential No :
Occupation :	Email Address :	
Highest Educational Level :		
<input type="checkbox"/> No Schooling	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Polytechnic Diploma	<input type="checkbox"/> Other Diploma	<input type="checkbox"/> University Degree
<input type="checkbox"/> Postgraduate (e.g. Master's, Doctoral and etc.)	<input type="checkbox"/> Others (Please specify) _____	
<input type="checkbox"/> ITE		
<input type="checkbox"/> Pre-U / JC		
MOTHER'S PARTICULARS		
Name (As in NRIC) :		NRIC No :
Mobile No :	Office No :	Residential No :
Occupation :	Email Address :	
Highest Educational Level :		
<input type="checkbox"/> No Schooling	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Polytechnic Diploma	<input type="checkbox"/> Other Diploma	<input type="checkbox"/> University Degree
<input type="checkbox"/> Postgraduate (e.g. Master's, Doctoral and etc.)	<input type="checkbox"/> Others (Please specify) _____	
<input type="checkbox"/> ITE		
<input type="checkbox"/> Pre-U / JC		
APPLICANT'S PARTICULARS (Please circle where applicable)		
Name (As in NRIC) :	NRIC No :	Relationship to Student :
		FATHER / MOTHER / GUARDIAN

I declare that all information provided by me in this application and in any supporting documents is true and accurate.

Signature of Applicant

Date

Note : Submission of application form does not imply that the application has been accepted. Incomplete application form will be rejected.

Mission

Developing our students holistically in a vibrant and caring environment

