

To: The Principal
 Fuchun Primary School
 23 Woodlands Avenue 1
 Singapore 739063
 Tel: 6368 3925 Fax: 6367 0117

APPLICATION FOR ADMISSION / TRANSFER TO FUCHUN PRIMARY SCHOOL
 (Please attach a photocopy of the pupil's BC / Entry or Re-entry Permit and the latest exam results in your application)

Level applying for :	Primary 1 / 2 / 3 / 4 / 5 / 6 (please circle)	Course	Please circle accordingly if your child is in the Learning Support Programme : LSP / LSM
Year applying for :	20 ____	Please circle the subjects taken by your child :	EL / FEL / CL / FCL / ML / FML / TL / FTL / MA / FMA / CS / FSC

Part 1 : Pupil's Particulars

Name of Pupil :	Gender : Male / Female *		
BC / FIN No :	Date of Birth :		
Nationality (please tick) :	Singapore Citizen []	Singapore Permanent Resident []	Others [] (Please state) : _____
Home Address :			
Name of Current School :			
Current Level : Primary 1 / 2 / 3 / 4 / 5 / 6 (please circle)	Mother Tongue : CL / ML / TL / NTIL * (If NTIL, please state subject: _____)		
Particulars of Siblings asking for admission into Fuchun Primary School, if any:			
Name :	Current School :	Current Level : Primary 1 / 2 / 3 / 4 / 5 / 6 (please circle)	
Name :	Current School :	Current Level : Primary 1 / 2 / 3 / 4 / 5 / 6 (please circle)	

Part 2 : Parent's / Guardian's Particulars

Name of Parent / Guardian * :			
Contact Address :			
Contact Nos :	Home :	Office :	HP :

Part 3 : Reason(s) for Seeking Admission / Transfer

<input type="checkbox"/> Change of Address	
<input type="checkbox"/> Others (please state) : _____ (please tick accordingly)	
If reason is due to change of address, please indicate :	
Old Address :	
New Address :	
Date move to new address :	
Signature of Parent / Guardian * :	Date :

For Official Use

Admission Date :	Class : Primary _____	Principal's Approval : _____ (Signature / Date)
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* delete accordingly