



FUCHUN PRIMARY SCHOOL

A Concerned Leader, A Lifelong Learner

Fuchun Youth Alumni Application Form

Name : _____ NRIC : _____

Contact Number: (H) _____ (Mobile) _____

(Email) _____

Year Graduated : _____

Current School : _____

Please indicate Student Leadership Position(if any) in Fuchun Primary School(FCP) :

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Parent's/Guardian's Consent

Name of parent/ guardian*: _____

Relationship with child: Father/ Mother / Guardian*

Contact Number: (H) _____ (Mobile) _____ (Office) _____

I agree to my child/ward* joining the Fuchun Youth Alumni and hereby give consent to my child/ward* to participate in school alumni's activities.

Parent's/Guardian's Signature

Date

*Please delete accordingly

Note: Submit this Form to the school General office