

PUNGGOL SECONDARY SCHOOL 培道中学

51 Edgefield Plains, Singapore 828870 Tel: 6489 7851 Fax: 6489 7859 Website: www.punggolsec.moe.edu.sg

<u>APPLICATION FOR SCHOOL TRANSFER – WAITING LIST</u>

* Please delete accordingly				
Name of Student	:			
NRIC / BC / FIN No.	:		Date of Birth	:
Nationality	:		Gender	: * Male / Female
Level Applying for	: * Sec 1 / 2 / 3 (Exp / NA / N	Т)	T-Score for P	SLE :
Name of Primary Scho	ool:			
Secondary School bei	ng posted to :			
** Please leave blank if not	applicable			
** 1st Choice of School	ol : 2nd Choice of School :			
Mother Tongue Offere	d : * Chinese / Malay /	Tamil / Others (sp	ecify:	
Parent / Guardian Nar	ne :			
Contact Number	:	(H))	(Hp)
Address	:			
Reason/s for Applicati	on / Transfer (Please attach Lat	est Results Slip /	All supporting D	ocuments) :
Please Note:				
	olication for waiting list does ne call from Punggol Seconda	-	_	_
Parent's / Guardian's	 Signature			Date

















