

Date Received:



ST MARGARET'S PRIMARY SCHOOL

99 WILKIE ROAD SINGAPORE 228091

TEL: 6339 4247 FAX: 6339 4264

stmargaretps@moe.edu.sg

WAITING LIST APPLICATION FOR ADMISSION TO PRIMARY _____ IN YEAR _____

- Please attach copies of past 2 years' results together with the application.
- Please note that the submission of form does not guarantee a place in the school. Acceptance is subject to availability of vacancies.

Child's Particulars		
Name in Birth Certificate	:	
BC No / Dep Pass / Passport No	:	
Date of Birth	:	
Place of Birth	:	
Nationality	:	
School Currently Attending	:	
Residential Address	:	

Guardian's / Parents' Particulars			
	Father	Mother	Guardian (If applicable)
Name (as in NRIC)			
Nationality			
Race			
NRIC/Passport No/FIN			
Occupation			
Fax Number			
Handphone Number			
Telephone Number			
Email address			
Correspondence Address (If different from above)			

Reason for Seeking Admission

Name & Signature of Applicant

Date