



WAITING LIST FOR SCHOOL ADMISSION

1. STUDENT'S PERSONAL PARTICULARS

Name (Full Name as in BC/FIN):		BC/FIN No.:
Gender: Male / Female*	Date of Birth (DD/MM/YYYY):	Race: Chinese / Malay / Indian / Others (Please specify below)*
Age:	Nationality: Singapore / PR / Foreigner (Dependent Pass / Immigrant Exemption Order)*	
Medical Problem: No / Yes (If yes, please specify below)*		

2. REASON(S) FOR ADMISSION (Please tick box where applicable)

<input type="checkbox"/> Transfer of School	<input type="checkbox"/> New Admission of Foreign Student
<input type="checkbox"/> Returning Singaporean	<input type="checkbox"/> Others (Please specify)
If transfer of school, please indicate: Current school: Name and class of sibling(s) in YCKPS (if any): Reason for transfer:	

3. LEVEL TO BE ADMITTED

Primary:	Mother Tongue: CL / ML / TL / Others (Please specify)*
Year to be transferred in:	
For P5 and P6 – Please specify subject combination*: English / Foundation English, Mathematics / Foundation Mathematics, Science / Foundation Science, Mother Tongue / Foundation Mother Tongue & Others:	



Yio Chu Kang Primary School

Empowering Minds • Engaging Hearts • Extending Hands

4. PARENTS' / GUARDIAN'S PARTICULARS

	Father / Guardian*	Mother / Guardian*
Name (Full Name as in NRIC/FIN):		
NRIC/FIN No.:		
Address:		
Relationship to Student (for Guardian only):		
Occupation:		
Contact No.:	Home: Mobile:	Home: Mobile:
Signature/Date		

* Please delete where applicable

5. FOR SCHOOL USE ONLY

<input type="checkbox"/> Accept		<input type="checkbox"/> KIV
<input type="checkbox"/> No Vacancy		<input type="checkbox"/> Others (Please specify)
Processing Officer:	Approving Officer:	
Name/Signature/Date	Name/Signature/Date	

Note:

- Please submit your completed form via email to admin_ycmps@moe.edu.sg;
- The school will contact you only if a vacancy becomes available for your child/ward in the requested level of admission.
- This waitlist application is valid for one academic year only (January to December).