



PASIR RIS PRIMARY SCHOOL
5 Pasir Ris Street 21 Singapore 518968
Tel : 6582 2606 Fax : 6582 8492

WAITING LIST FORM

Level: Primary _____ (Year _____)

Name Of Child: _____ BC No: _____

Date of Birth: _____ Citizenship:*Singapore/PR Gender:*F/M

Current School: _____

Name of Parents: _____ / _____
(Father) (Mother)

Parents' Occupation:: _____ / _____
(Father) (Mother)

Current Address: _____

New Address (if applicable): _____

Reason(s) for applying: _____

Contact No: (HP) _____ (Home) _____ (Office) _____

Child's Latest Results: English _____ Maths _____ Science _____ MT (*CL/ML/TL) _____
(Please submit results slip)

**Names of siblings on School Waiting List:

Name: _____ BC No: _____ 20___/P___

Name: _____ BC No: _____ 20___/P___

*Delete accordingly

****The school reserves the right to withdraw any offer to transfer in this pupil if the name(s) of any other sibling on Wait List is/are not declared.**

Name of Sibling in Pasir Ris Primary School (if any): _____ Class _____

Date

Name of Parent

Signature