

Application No:

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**中正中学 (义顺)**

(For Official Use)

**CHUNG CHENG HIGH SCHOOL (YISHUN)**

E-mail : cchys@moe.edu.sg 11 Yishun St 61 Singapore 768547 Tel :67583912

**APPLICATION FOR TRANSFER INTO SECONDARY 2/3\* IN YEAR 202\_\_**

**Instructions:**

1. Please provide all relevant information requested below.
2. Please submit **in person** the completed form with relevant supporting documents. The supporting documents to be attached include (a) this appeal application form, (b) photocopy of PSLE result slip/SPERS result slip/AEIS result slip, (c) photocopy of MOE option form (indicating choice of schools selected), (d) current school results, (e) CCA records, and (f) any other relevant supporting document (if appropriate).
3. **An incomplete form submitted without the attached supporting documents will not be processed.**

**Student Particulars**

Student's Name (as in Birth Certificate):		Gender:	Female / Male*		
NRIC/Identification Number:		Nationality:			
Address:		Mother Tongue:	Chinese / Malay / Tamil / Others / Exempted *		
		Contact Number:	(Home)		
Primary School:			(Mobile)		
Email Address:					
PSLE Aggregate Score:	PSLE Results				
	Subject Grades				
	<b>EL</b>	<b>MT</b>	<b>MA</b>	<b>SC</b>	<b>HMT</b>
CCA in Primary School:		Other Talents:			
Secondary 1 School Posted To: (if applicable) / Current Secondary School					
Offered HMTL (if applicable)	*Yes / No (Chinese, Malay, Tamil)				

I am / am NOT\* posted to \_\_\_\_\_ via Direct School Admission Exercise.

Reason(s) for the application:

### **Achievements**

List achievements in co-curricular activities (please only specify the highest achievements to date) – in sports, games, clubs and societies, Science/Maths Olympiads and/or community service. *If more space is required, please submit a separate sheet and indicate that a separate sheet has been submitted in the space below.*

Please indicate any additional relevant information, other than those already indicated above.

### Parent/Guardian Particulars

	PARENT	GUARDIAN (if any)
Name		
Occupation		
Name of Company		
Telephone (Mobile)		
Telephone (Office)		
Email Address		
Race		
Citizenship		

Date	Name of Student	Signature of Student

Date	Name of Parent/Guardian	Signature of Parent/Guardian

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Rejected /Admitted to: \_\_\_\_\_ With effect from: \_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_