

**ST MARGARET'S SCHOOL (PRIMARY)**

2 MATTAR ROAD SINGAPORE 387724

TEL: 6339 4247 FAX: 6339 4264

stmargaretps@moe.edu.sg

S/N:

Date Received:

**WAITING LIST APPLICATION FOR ADMISSION TO
PRIMARY _____ IN YEAR _____**

- Please attach copies of past 2 years' results together with the application, if applicable.
- Please note that the submission of form does not guarantee a place in the school. Acceptance is subject to availability of vacancies.
- Please take note that application is valid until 30 November of the year of application.
- A new application is required if you are still interested to put the child on waitlist.

Child's Particulars		
Name in Birth Certificate	:	
BC No / Dep Pass / Passport No	:	
Date of Birth	:	
Place of Birth	:	
Nationality	:	
Residential Address	:	
School Currently Attending	:	
School which you have applied with/posted to (for P1 awaiting school opening in the new year)	:	

Parents' / Guardian's 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