

## **LIANHUA PRIMARY SCHOOL**

Vision: Hearts of Service \* Minds of Inquiry \* Joy in Learning \* Confidence in Life Mission: Together we bring out the best in every child for a better nation.

Established in 1946

Request for Transfer In/ Admission\* for the Year \_\_\_\_\_

## Parent's/ Guardian's\* Particulars

		Father	Mother	
Name	:			
Address	:			
Contact Number	:	(Mobile)	(Mobile)	
Email Address	:			
<b></b>				
Child's Particulars	S			
Name	:			
BC No./ Fin No.	:	Gen	nder : Male / Female*	
Date of Birth	:	Natio	Nationality :	
Present School	:			
Current Level	:	Pr Level applying: Pr		
Mother Tongue	:	Chinese/ Malay/ Tamil/ Others* (Pls Specify:)		
Reason(s) for Tran	sfer/	Admission :		
Parent's Signature	/ Date	:		
*Delete where app	licabl	e		
		Waiting List No.		
		<u>For LHPS Official (</u>	<u>Use</u>	
Form received by (Name)		:	Date :	
Upon Confirmatio	n of	admission to LHPS		
Class allocated	: Pr	Effe	ective Date :	
Remarks	:			
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## Note:

- 1. Waiting list is based on a period of one year and will need to be renewed on a yearly basis.
- 2. Please submit the application form for waiting list with following supporting documents:
  - both parents' NRIC,
  - · child's birth certificate & latest school results,
  - custody letter (if applicable).