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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

Name : _____
Address : _____
Contact Numbers : (Hm) _____ (O) _____ (HP) _____

Pupil's Particulars

Name : _____
BC No./ Fin No. : _____ Gender : Male / Female*
Date of Birth : _____ Nationality : _____
Present School : _____
Current Level : _____ Copy of Latest Results Attached? Yes/ No**
Mother Tongue : Chinese/ Malay/ Tamil/ Others* (Pls Specify:) _____
Level applying : Pr. _____
Reason(s) for Seeking : _____
Transfer/ Admission at LHPS _____

Parent's/ Guardian's Signature/ Date: _____

**Delete where applicable*

For Official Use (Upon Confirmation of admission to LHPS)

Class : Pr Effective Date: _____
Remarks : _____

Note:

Waiting list is based on a period of one year and will need to be renewed on a yearly basis.