



YEW TEE PRIMARY SCHOOL

10, Choa Chu Kang Street 64, Singapore 689100

Tel : 6767 0027 Fax : 6767 5450

Email : ytps@moe.edu.sg

Request for Transfer in / Admission* for the Year _____

Parent's / Guardian's* Particulars

Name : _____

Current Address : _____

Contact Numbers : _____ (Home) _____ (Mobile)

Student's Particulars

Name of student : _____

Birth Cert. No. : _____ Gender : Male / Female*

Date of Birth : _____ Nationality : _____

Present School : _____

Current Level : Pr _____ Level applying: Pr _____
(Please attach a copy of latest result slip)

Mother Tongue : Chinese / Malay / Tamil / Hindi / Bengali / Others
(Pls specify) _____

Reason for Transfer : _____

We hereby declare that both parents consent to this transfer.

Name of Father : _____ Name of Mother : _____

Signature / Date : _____ Signature / Date : _____

**Delete where applicable*

For Official Use (Upon confirmation of admission to YTPS)

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.