



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

Pupil's Particulars

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

Parent's/ Guardian's 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.