

# The Learning Lab

## Application Form

Primary

Please forward this form

- to the **Front Desk**
- by **fax** 6250 0701

Primary \_\_\_\_\_ 2010    English    Math    Science

### STUDENT DETAILS

Full Name as in NRIC/Passport ( <i>Please underline family name</i> )		NRIC/Passport No	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth ( <i>DD/MM/YY</i> )	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singaporean PR <input type="checkbox"/> Others _____ <i>(Please specify)</i>		
Home Address		Postal Code	
Contact	Home	Student Mobile	Email Address
School		Session: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Stream <input type="checkbox"/> GEP		<input type="checkbox"/> Mainstream	

### PARENT DETAILS

**Preferred contact**    Mother    Father    Others \_\_\_\_\_ Guardian / Grandfather / Grandmother

Father	Mother
Title <input type="checkbox"/> Mr <input type="checkbox"/> Dr	Title <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr
Name	Name
Contact   Mobile   Office	Contact   Mobile   Office
Email	Email
Company	Company
Designation	Designation

### School Results

Year 2010 Term 1 Test   English \_\_\_\_\_%   Math \_\_\_\_\_%   Science \_\_\_\_\_%   Higher M/Tongue \_\_\_\_\_%   M/Tongue \_\_\_\_\_%

Year 2009 Term 4 Exam   English \_\_\_\_\_%   Math \_\_\_\_\_%   Science \_\_\_\_\_%   Higher M/Tongue \_\_\_\_\_%   M/Tongue \_\_\_\_\_%