The **Learning Lab**

Application Form

Secondary

Please forward this form

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

Secondary _____ 2010 □ English □ Math □ A. Math Secondary 3 and 4 only □ Science

STUDENT DETAILS

Full Name as in NRIC/Passport *(Please underline family name)*	NRIC/Passport No	Gender □ M □ F
Date of Birth *(DD/MM/YY)*	Nationality □ Singaporean □ Singaporean PR □ Others _____ *(Please specify)*	
Home Address	Postal Code	
Contact Home	Student Mobile	Email Address
School		
Stream □ IP □ EXP □ NOR		

PARENT DETAILS

Preferred contact □ Mother □ Father □ Others _____ Guardian / Grandfather / Grandmother

Father	Mother
Title □ Mr □ Dr	Title □ Ms □ Mrs □ Mdm □ Dr
Name	Name
Contact Mobile Office	Contact Mobile Office
Email	Email
Company	Company
Designation	Designation

School Results

Last Average Test Scores English_____% Math_____% Science_____%

E Math_____% Physics_____%

A Math_____% Chemistry_____%

Biology_____ %

PSLE Results English_____ Math_____ Science_____ Higher M/Tongue_____ M/Tongue_____ Aggregate_____