

The Learning Lab

Application Form

Primary

Please forward this form

- by **email** to admissions@thelearninglab.com.sg
- to the **Front Desk**
- by **fax** 6250 0701

Primary _____ 2012 English Math Science
Location Mountbatten Square United Square

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 2011 Term 4 Exam English _____% Math _____% Science _____% Higher M/Tongue _____% M/Tongue _____%
Year 2011 Term 3 Test English _____% Math _____% Science _____% Higher M/Tongue _____% M/Tongue _____%