



FORM A

ST. HILDA'S SECONDARY SCHOOL
APPLICATION FOR SEC 1 TRANSFER FOR YEAR: _____

REG. NO. : _____
Attended By: _____

Level: Sec 1			
Student's Name (as in Passport or Birth Cert.)		Birth Cert. / Identification No.	
Gender: Male / Female		Citizen: Singapore / PR / Foreigner	
School Posted To:		PSLE Aggregate:	
School Applied for as :			
1st Choice:		4th Choice:	
2nd Choice:		5th Choice:	
3rd Choice:		6th Choice:	
Reason(s) for Seeking Transfer:		Description of Student's Strength:	

Parent's Particulars:

Name of Parent / Guardian:	Address:
Tel No. _____ H/P No: _____	Email Address: _____

***Please attach copy of student's PSLE result and choices of Secondary School's verification slip.**

Parent / Guardian's Signature_____
Date

For Official Use:	
Result : YES / NO	Class Admitted To:
Principal's Signature _____	
Date _____	

REG. NO. : _____
Attended By: _____

Dear Applicant

Please note the following:

1. We will contact you, only if your child is shortlisted for admission.
2. Vacancy is **NOT** allocated based on first-come-first-served basis. Our school's guidelines for transfer consideration are based on proximity of student's home to the school, student's overall academic performance, etc. Kindly note that Management's decision is final.
3. **Please attach copies of latest result slips for submission.**
4. Thank you for your interest in St. Hilda's Secondary School. Our contact numbers: Tel 63055277 or Fax 67865011