



हिन्दी सोसाइटी (सिंगापुर)
THE HINDI SOCIETY (SINGAPORE)
UEN NO. S90SS0117K

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HINDI CENTRE I
Bendemeer Pri Sch
91 Bendemeer Road,
Singapore 339948

HINDI CENTRE II
Shuqun Pri Sch
8 Jurong west Street 51,
Singapore 649332

HINDI CENTRE III
Angsana Pri Sch
3 Tampines Street 22,
Singapore 529366

HINDI CENTRE IV
Evergreen Pri Sch
31 Woodlands Cir,
Singapore - 738908

HINDI CENTRE V
Punggol View Pri Sch
9 Punggol Place,
Singapore 828845

HINDI CENTRE VI
Edgefield Sec Sch
36 Punggol Field,
Singapore 828814

STUDENT TRANSFER FORM PSLE TO SECONDARY 1

FOR CENTRE MANAGER / TEACHER'S USE ONLY

CENTRE TRANSFERRED TO : ANGSANA / BENDEMEER / EVERGREEN / PUNGGOLVIEW / SHUQUN / EDGEFIELD

OR

ISPP TRANSFERRED TO: _____

PSLE CERT & RESULT SLIP SUBMITTED (YES/NO): _____

COLLECTED BY: _____ DATE : _____ (MM/DD/YY)

FOR OFFICE USE ONLY:

DATE : _____

DATA ENTERED BY : _____

PART I - STUDENT'S PARTICULARS

PLEASE FILL UP THE FORM IN BLOCK LETTERS

1. STUDENT'S NAME (AS PER NRIC / FIN) : _____

2. NRIC / FIN NO : _____ GENDER : (M / F) _____

3. STUDENT'S RESIDENTIAL STATUS : S'PORE CIT / S'PORE PR / DEP PASS / STUD PASS

OTHERS (PLEASE SPECIFY): _____

4. DATE OF BIRTH : ____/____/____ COUNTRY OF BIRTH : _____
(DD/MM/YY)

5. NAME OF THE MAINSTREAM SCHOOL: _____



6. LEVEL IN SCHOOL: _____

7. STREAM IN MAINSTREAM SCHOOL (EXPRESS/ NORMAL ACADEMICS / NORMAL TECHNICAL

8. LANGUAGE SPOKEN AT HOME (MOTHER TONGUE): _____

PART II - PARENT'S PARTICULARS

9. PARENT'S/GUARDIAN'S NAME: MR /MRS _____

10. PARENT'S/GUARDIAN'S RESIDENTIAL STATUS: S'PORE CIT / S'PORE PR / EP

11. RESIDENTIAL ADDRESS: BLK/H NO. _____, UNIT NO _____

BUILDING _____, STREET : _____

SINGAPORE, POSTAL CODE _____

12. TEL NO: HOME _____ FATHER (HP) _____ MOTHER (HP) _____

13. E MAIL-ID (FOR OFFICIAL COMMUNICATION): 1. _____(PRIMARY)

2. _____(ALTERNATE)

14. PARENT'S OCCUPATION: _____

COMPANY'S NAME AND PHONE NO.: _____

15. NAME OF THE SIBLING, CLASS & SCHOOL:

1. _____

2. _____

3. _____

PARENT'S / GUARDIAN'S SIGNATURE: _____ DATE: _____(DD/MM/YY)

TRANSFER DETAILS- TO BE FILLED BY THE PARENT

I _____, PARENT OF THE STUDENT _____ HEREWITH WISH TO

TRANSFER MY CHILD FROM CURRENT WEC/PARALLEL SCHOOL _____ TO

DESIRED WEC/PARALLEL SCHOOL _____ W.E.F _____

NAME: _____

SIGNATURE: _____

DATE : _____(DD/MM/YY)

