

APPLICATION TO CHANGE LANGUAGE (CHINESE/MALAY/TAMIL)

SECTION I

To be completed by Parent / Guardian and submitted to the School Principal.

This form may take you approximately 5 minutes to fill in.

Please attach certified copies of

- 1) Birth Certificate
- 2) Student Pass (foreign students)
- 3) School results (last 2 years)
- 4) Result of test administered to assess proficiency of MTL the student wishes to switch to

Name of Student (Please use BLOCK LETTERS and <u>underline</u> surname)		Student Identification No. (*NRIC / Birth Certificate / Foreign Identification No.)			
Name of Present School		Date of 1 st Admission to school in Singapore		Level First Admitted to	
Level / Class		Date of Admission to present school			
Citizenship of Student *Singapore Citizen / Singapore Permanent Resident / Foreigner		Race of Student			
Citizenship of		Race of		Occupation of	
Father	Mother	Father	Mother	Father	Mother
Present Second Language		Wishes to change to *Chinese / Malay / Tamil		Result of test administered on preferred MTL	
Reason(s) for application for change (Please attach separate sheet if required)					
I declare that the above-mentioned particulars are correct.					
_____		_____		_____	
Date	Name of *Parent / Guardian	Signature of *Parent / Guardian		Address & Contact No.	

* Please delete accordingly

SECTION II

**To be completed by the School Principal and submitted to
 Mother Tongue Languages Branch,
 Curriculum Planning & Development Division,
 Ministry of Education,
 1 North Buona Vista Drive, Singapore 138675.**

Note: The checklist below is to help ensure that the necessary information and documents are attached to this application.

- 1 The school confirms that all particulars in **SECTION I** are complete and correct.
- 2 Certified true copies of the required supporting documents are attached.
- 3 The school has assessed the student's ability to cope with the language the student has applied to switch to. The student's assessment mark is ____ / ____.
- 4 I *recommend / do not recommend this case for consideration.

 Date

 Name of Principal

 Signature of Principal

 School Stamp

* Please delete accordingly.