APPLICATION TO CHANGE LANGUAGE TO CHINESE/ MALAY/ TAMIL

| SECTION I To be completed by Parent/ Guardian and submitted to the school. This form may take you approximately 5 minutes to fill in. Please provide certified copies of: 1) Birth Certificate 2) School results (past 2 years) 3) Result of test administered to assess proficiency of MTL that the student wishes to switch to | | | | | | | | |
|--|--|---|---|--|---------------|--------|--|--|
| Name of Student (Please use BLOCK LETTERS and <u>underline</u> surname) | | | Student Identification No. | | | | | |
| Name of Present School | | | (*NRIC / Birth Certificate / Foreign Identification No.) Date of 1 st Admission to MOE 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 | | | | | |
| Citizer | 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 | | | | |
| | lication for change rate sheet if required) | | | | | | | |
| I declare that the | above-mentioned pa | articulars are correc | t. | | | | | |
| Date | Name of *Pa Guardiar | | nature of *Parent / Guardian | Address & Contact No. | | | | |

* Please delete accordingly

| | TION II : The checklist below helps to ensure that necessary information and documents are attached to t application. | his | | | | | |
|--|--|-------|--|--|--|--|--|
| 1 | The school confirmed that all particulars in SECTION I are complete and correct. | | | | | | |
| 2 | The school has assessed the student's ability to cope with the language he/she has applied to switch to. The student's assessment mark is / (Note: proficiency test not required for P1 students). | | | | | | |
| 3 | The school briefed the parents that if this application is approved, it will be the final choice of language for their child as frequent change of language is disruptive to learning. | | | | | | |
| 4 | Certified true copies of the required supporting documents are attached. | | | | | | |
| To be completed by the <u>Principal</u> and submitted on the Bilingual Case Application System (BCAS). | | | | | | | |
| I *recommend / do not recommend this case for consideration. | | | | | | | |
| Reasons (if any): | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Date Name of Principal Signature of Principal School S | Stamp | | | | | |

* Please delete accordingly