



PAYA LEBAR METHODIST GIRLS' SCHOOL (PRIMARY)

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WAIT LIST

Date: _____ Level / Year to be admitted: _____

Pupil's Name : _____ Nationality: _____

Pupil's BC Number : _____ Date of Birth: _____

Current School : _____ Mother Tongue: _____

Pupil's existing medical conditions / allergies / Special Educational Needs (if any):

Name of Father: _____ IC No. _____ Contact No. _____

Name of Mother: _____ IC No. _____ Contact No. _____

Address: _____

_____ Singapore _____

Reason for transfer:

*** Please attach Holistic Development Profile/Assessment Report(s)**

Seen by Principal _____

Acknowledgement from School for Wait List

Thank you for your interest in the school. The school will inform you should a vacancy arise, otherwise you can continue to have your child on the wait list for the following year and submit the latest Holistic Development Profile/Assessment Report(s).

Name of Pupil: _____ School Stamp: _____

Date: _____