

VICTORY LIFE CHRISTIAN SCHOOL

1 Lorong 23 Geylang, Building 8, Singapore 388352

Telephone: 6251 5282

Website: www.victorylifechristianschool.com

APPLICATION FORM

Student's Particulars

Full Name

Age and Sex

Date of Birth

Place of Birth

Birth Certificate No.

Nationality

NRIC / FIN No.

Name of
Previous School

Student's
Email Address

Home Address

.....

Contact Number (Home) (Handphone)

Church Attending

Name of Pastor

Baptism Date

**Please affix
Recent Photo**

Family's Particulars

Father's Particulars	Mother's Particulars
Name	Name
Date of Birth	Date of Birth
Nationality	Nationality
NRIC / FIN No.	NRIC / FIN No.
Contact No.	Contact No.
Email Address	Email Address
Occupation	Occupation
Employer	Employer
Church Attending	Church Attending
Pastor	Pastor

Name of Sibling	Relationship	Nationality	Date of Birth	Occupation

Contact In Case of Emergency (other than parents)

Name :

Relationship :

Contact No. :

Student's History

Please answer the following questions and provide sufficient details where necessary.

Educational History

1. Has student ever attended any school previously? Yes / No
If Yes, please specify highest level attained and schools attended:
.....
2. Has student ever received awards for academics, sports, talents and social trait? Yes / No
If Yes, please specify:
3. Does student play any musical instrument(s)? Yes / No
If Yes, please specify:
4. Does student show interest in art and craft? Yes / No
If Yes, please specify:
5. Does student show interest in sports, games, or outdoor activities? Yes / No
If Yes, please specify:
6. Has student ever been dismissed, suspended, or refused admission to any school? Yes / No
If Yes, please specify:
7. Has student ever had disciplinary issues or drug abuse? Yes / No
If Yes, please specify:
8. Has student ever had juvenile or arrest record? Yes / No
If Yes, please specify:

Medical History

9. Does student have a family doctor? Yes / No
If Yes, please specify:
10. Has student received any immunizations? Yes / No
If Yes, please specify:
11. Does student have any physical infirmities or diagnosed medical condition? Yes / No
If Yes, please specify:
12. Does student have any allergy toward medicine or food? Yes / No
If Yes, please specify:
13. Student's blood group:

Signature of Father (Date)

Signature of Mother (Date)