

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) (Student's* Handphone)

**Note: Parents' phone &
email go on next page.*

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 |
|-----------------|--------------|-------------|---------------|------------|
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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 (if known):

Signature of Father (date)

Signature of Mother (date)