

# VICTORY LIFE CHRISTIAN SCHOOL

1 Lorong 23 Geylang, Building 8, Singapore 388352

Telephone: 6251 5282

Website: [www.victorylifechristianschool.com](http://www.victorylifechristianschool.com)

## APPLICATION FORM

### *Student's Particulars*

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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)

Church Attending .....

Name of Pastor .....

Baptism Date .....

**Please affix  
Recent Photo**

## ***Family's Particulars***

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

<b>Name of Sibling</b>	<b>Relationship</b>	<b>Nationality</b>	<b>Date of Birth</b>	<b>Occupation</b>

## ***Contact in Case of Emergency (other than parents)***

**Name** : .....

**Relationship** : .....

**Contact No.** : .....

# Student's History

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**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:  
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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): .....

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Signature of Father (date)

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Signature of Mother (date)