



EAGLES GRAMMAR INTERNATIONAL SCHOOL
Primary & Secondary

STUDENT APPLICATION FORM

STUDENT PARTICULARS

Name (as per IC/Passport): _____	
Nationality: _____	Date of Birth: _____ Age: _____
Race: _____	Religion: _____
Birth Cert / IC/ Passport No.: _____	Boy <input type="checkbox"/>
Home address: _____	Girl <input type="checkbox"/>
City: _____	Postcode: _____
State: _____	

EDUCATION INFORMATION

Previous School: _____				
Level Studied: _____				
Applying for: (Please tick the appropriate boxes)	Primary		Secondary	
	Y1		Y7	
	Y2		Y8	
	Y3		Y9	
	Y4		Y10	
	Y5		Y11	
	Y6		Y12	

FAMILY INFORMATION

ITEM	FATHER	MOTHER	GUARDIAN
Name			
Nationality			
IC / Passport No.			
Religion			
Email			
Contact No.			
Mobile			
Home			
Office			
Occupation			
Name of Company			
EMERGENCY CONTACT (Please tick)			
Others:			

HEALTH & MEDICAL INFORMATION

PARTICULARS (Please circle where applicable)	REMARKS
Allergies YES / NO	
Asthma YES / NO	
Other health concerns, please state:	

For office use only:

Date of Registration:	
Date of Commencement:	
Fees paid:	
Receipt No:	
Handled by:	

NB: Fees paid are non-refundable or transferable

Signature of Parent / Guardian

Date: _____

- Please attach:
- 1 copy of birth cert
 - 2 copies of passport size photos
 - 1 copy of the leaving certificate of previous school + latest result