			For Official Use Serial No Date of Application :	
EVERGREEN PRIMARY SCHOOL WAITLIST		Valid Till:		
_evel : Sub	oject Combination :	(for P5/6 only	v) Year :	
Name of Pupil	1			
Date of Birth		Race :	Sex : M / F	
BC No./UIN No.	<u> </u>	Nationality :		
Current Address	:			
Reason for transfer				
Child's Current School				
Location of current sch	ool :			
Name of Parent	1	(Father / Mother / Guardian		
Contact No.	:	(H)	(HP)	
Person to call		Relationship		
		ed in the Wait List		
Name of Sibling(s)			Level	
I have noted and agree	ed on the following :			
> Putting my chil	d on 'waitlist' DOES NOT war	rant a place for him/her in E	vergreen Primary School.	
	ncy arise, the school shall eval			
	the above submission is 6 mo for transfer shall be considere		n. Unless extended, the	
Name & Signature of Parent			Date	
Name & Signature of A	attending Staff		Date	
======================================	======================================			
Parent's Decision:	Yes / No			
Remarks :				
Uncontactable :				

Date of Contact :_

Staff who called :_