



Ministry of Education
SINGAPORE

**LATE APPLICATION / APPEAL TO OFFER MALAY (SPECIAL PROGRAMME) OR
CHINESE (SPECIAL PROGRAMME)**

SECTION I (To be completed by applicant and parent)		
Application to study:	<input type="checkbox"/> Malay (Special Programme)	<input type="checkbox"/> Chinese (Special Programme)
Date of Application:		
Reason(s) for Late Application/ Appeal:		
DAYS AVAILABLE TO ATTEND CLASS AT ZONAL CENTRES: (Pls check the respective zonal websites on the class schedule)		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
INFORMATION OF STUDENT		
Name of Student:	Student Identification No.	
Name of Posted Secondary School:	Level/Class:	
Citizenship:	Race:	
DETAILS OF EXAMINATION RESULTS		
Important Note: For students who sat for PSLE, please attach the PSLE Results Slip together with this application. For students who did not offer PSLE in Singapore, please attach the Primary certification (with results) and latest academic record (if any) together with this application.		
PSLE Score (if applicable):	MT AL Score at PSLE:	
Mother Tongue Language (MT) offered at PSLE: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others (please specify subject):	EL AL Score at PSLE:	
If you are exempted from MT, please specify reason (s):		

Date of exemption:			
INFORMATION OF STUDENT'S PARENT(S)			
Name of Father:		Name of Mother:	
Home telephone no.:	Handphone No.:	Home telephone no.:	Handphone No.:
Email Address:		Email Address:	
Parent's Declaration: I declare that the above information is correct.			
Name of Parent		Signature	Date
SECTION II (To be completed by School Principal before submission to CPDD)			
1. The school confirms that all information in Section I is correct. 2. I *recommend / do not recommend this application for consideration by CPDD.			
Name of Principal		Signature	Date
SECTION III: This form is submitted by HOD/SH/Coordinator MTL			
Name of HOD/MTL:		Contact No.:	
Email Address:			
Important Note: Please submit this application form to the following officers via email in PDF format: <ul style="list-style-type: none"> • Malay (Special Programme): Noor_Afidah_ABDUL_RAHMAN@moe.gov.sg • Chinese (Special Programme): LIM_Gim_Hua@moe.gov.sg 			
RESULTS OF APPLICATION: (For official use only)			
The child's application to offer *M(SP / C(SP) is *SUCCESSFUL / NOT SUCCESSFUL.			
If successful, the child will attend lessons at _____ (name of centre) on _____ (day) at _____ (time).			
Date of confirmation: _____			