

**2024 SECONDARY 1 (S1) POSTING
APPEAL TO TRANSFER SCHOOL (for Serious Medical Condition or Severe Physical Impairments only)**

IMPORTANT NOTES:

1. This application for school transfer only applies to students with serious medical conditions or severe physical impairments.
2. Each applicant is only allowed to submit **ONE** application. Successful applicants will not be allowed to reject the reposted school and request to be admitted back to the original posted secondary school.
3. The completed application form must be submitted with supporting documents to the original posted secondary school **by 12pm on 19 December 2024 (Thursday)**. Application without supporting documents, incomplete form or late submission will not be processed.
4. Applicants may check the results of their application at their original posted secondary school on **2 January 2025**.

Original Posted Secondary School (Please tick ✓ posted Posting Group)			
School Name: _____			
Posted Posting Group:	<input type="checkbox"/> Posting Group 1	<input type="checkbox"/> Posting Group 2	<input type="checkbox"/> Posting Group 3
Details of Student			
Name:	_____	PSLE Score:	_____
BC No./FIN:	_____	PSLE Index No.:	_____
		HCL Grade :	_____ (If applicable)
Address:	_____		S (_____)
Reason for Appeal (Please tick ✓ only ONE reason)			
(A)	<input type="checkbox"/>	Serious Medical Condition	
		Please specify _____	
		(e.g. chronic heart conditions, kidney problems. Supporting medical documents are required.)	
		Request for transfer to _____	
		(School Name)	
		Please tick ✓ if applicable	
	<input type="checkbox"/>	I would like my child/ward to be considered for another school, if his/her application for placement in the requested school under 'Serious Medical Condition' is unsuccessful.	
		Reason:	_____
(B)	<input type="checkbox"/>	Severe Physical Impairments	
		(Assessment reports from a qualified medical professional clearly stating the student's condition and needs are required. Successful applicants will be reposted to secondary schools with special facilities and/or resources.)	
By submitting this application form, I hereby give my consent to the Government of Singapore to collect, use, and/or disclose any personal data, which I have provided in the application form, or which can be obtained by the Government of Singapore may deem necessary, for the purpose of assessing my application.			
_____	_____	_____	_____
Name of Parent/Guardian*	Signature	Contact No.	Date

* Delete where appropriate.