



MAYFLOWER PRIMARY SCHOOL

200, ANG MO KIO AVENUE 5

SINGAPORE 569878

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http://www.mayflowerpri.moe.edu.sg

2 January 2018

Notification: 003/2018

Dear Parent/Guardian,

As part of our annual updating exercise, we seek your kind assistance in providing accurate and updated information about your child/ward for our records. Please assist us in the following:

- (i) To **complete the Pupil Particulars Form (see table below)**
- (ii) To **verify and update the information** in the attached '**Individual Student Details Report For Year 2018**' – if there is any change, please do so **in blue/black ink**. (See attached)
- (iii) To **provide details on your child's/ward's medical condition**

| PUPIL PARTICULARS FORM | |
|---|---|
| Name of pupil (as in NRIC) : _____ | |
| Class of 2018 : _____ | No. of sibling(s) : _____ |
| <u>Name(s) of sibling(s) in Mayflower Primary School :</u> | |
| (1) Name : _____ | Class: _____ |
| (2) Name : _____ | Class: _____ |
| (3) Name: _____ | Class: _____ |
| Commuter Status: Commutes in and out of Singapore: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide details below) | |
| <input type="checkbox"/> Daily Commuter | <input type="checkbox"/> Weekly Commuter <input type="checkbox"/> Other Commuter: _____ |
| <u>Foreign address (if commuting):</u> _____ _____ | |
| Do you have a computer at home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have access to Internet at home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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PUPIL'S SPECIAL INTEREST(S) AND TALENT(S)

Kindly indicate in the table below of your child's special interest/talent which he/she may be pursuing out of school (e.g. piano, soccer, rock climbing)

| S/N | INTEREST/TALENT | LEVEL OF ATTAINMENT [e.g. Grade 1, Club, Competitive, Recreational] | NAME OF CLUB/ORGANISATION/ SERVICE PROVIDER [e.g. YCK CC, Yamaha] |
|-----|-----------------|--|---|
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I hereby certify that the information provided is accurate and correct.

Name of Parent/Guardian

Signature

Date

Student Care Centre (SCC)

*My child/ward is in **MFPS Student Care Centre (SCC)**. Tick (✓) only **ONE** box.

| | |
|--|---|
| | Yes, I authorise the school to share my child's/ward's medical record with SCC management |
| | No, I DO NOT authorise the school to share my child's/ward's medical record with SCC management. |

Students who are not in MFPS Student Care Centre (SCC). Tick (✓) only **ONE** box.

| | |
|--|--|
| | My child/ward is enrolled in Student Care (SCC) outside school (i.e. students who report to a centre outside school as part of their after-school care arrangements.) |
| | I have made alternative after-school care arrangement for my child/ward. Details (if any): |

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