

FORM A

**SINGAPORE
SPORTS SCHOOL**

Learned Champions With Character

APPLICATION FOR ADMISSION TO SSP

(Please tick one only)

- INTERNATIONAL STUDENTS INTERNATIONAL STUDENTS RESIDING IN SINGAPORE
 RETURNING SINGAPOREANS SINGAPORE PERMANENT RESIDENTS (PR)

REQUEST FOR INFORMATION

ACADEMY OF INTEREST

(Please circle one only)

BADMINTON / BOWLING / FENCING / FOOTBALL / SHOOTING / SWIMMING / TABLE TENNIS / TRACK & FIELD / OTHERS*: _____

APPLICATION FOR (Please circle one only) SEC 1 / SEC 2 / SEC 3

SECTION A: PARTICULARS OF APPLICANT

NAME OF APPLICANT			
AGE			
PRESENT SCHOOL			
LEVEL OF STUDY	(Please attach a copy of latest school results)		
NATIONALITY			
NRIC / PASSPORT / DP / IEO*^ No. (Please circle)	(INTERNATIONAL STUDENTS RESIDING IN SINGAPORE / SINGAPORE PR only)		
DATE OF BIRTH			
HEIGHT		WEIGHT	
HOBBIES			
Last school of study in Singapore	(RETURNING SINGAPOREANS only)	PSLE Aggregate (If any)	
Do you have family members in Singapore?			
Sport/s that you are interested in	(Please circle) BADMINTON / BOWLING / FENCING / FOOTBALL / SHOOTING / SWIMMING / TABLE TENNIS / TRACK & FIELD / OTHERS*: _____		

SECTION B: PARTICULARS OF PARENTS

Father's Full Name		Mother's Full Name	
NRIC / Passport / DP / IEO / WP*^ No. (Please circle)		NRIC / Passport / DP / IEO / WP*^ No. (Please circle)	
Citizenship		Citizenship	
Occupation		Occupation	
Telephone No.	_____ (Mobile) _____ (Home)	Telephone No.	_____ (Mobile) _____ (Home)
Email Address		Email Address	

*^ DP – Dependent Pass, IEO – Immigrant Exemption Order, WP – Work Permit

SECTION C: SPORTING BACKGROUND & ACHIEVEMENTS

<p>a. Please describe your major achievements in Sports: (Please attach separate sheet if space is insufficient)</p>
<p>b. State the reasons why you would like to join the Sports School: (Please attach separate sheet if space is insufficient)</p>
<p>C. Have you sustained any injuries before? If so, please specify injury/ies.</p>

FOR OFFICIAL USE ONLY

I. Sports Academy recommendation

The applicant qualifies for a sport trial session based on information and document submitted.

Yes _____ No _____ (Please tick)

Name and Signature of GM: _____

Date: _____

II. Academic Department recommendation

Based on student latest academic results, age and available school vacancy, applicant will sit for **P6 / S1 / S2 / Sec3** level (Please circle one) paper, subjected to passing the sports trial session.

Name and Signature of D/AD/HOY: _____

Date: _____

PLEASE ATTACHED COPIES OF STUDENT PASSPORT, ACADEMIC RESULTS AND OTHER SUPPORTING DOCUMENTS