



Anglo-Chinese School
(Independent)

***Important Note**

The school will **not** accept any DSA transfer, unless there are extenuating circumstances to decide otherwise.

Please confirm that you have not accepted any DSA confirmed offer from any other school before filling in the appeal form.

Have you accepted a DSA offer from another school

	YES	NO
(Please tick ✓)	<input type="checkbox"/>	<input type="checkbox"/>

APPEAL FOR ADMISSION TO SECONDARY ONE 2015

Payment Receipt No: _____

INSTRUCTIONS				
<ol style="list-style-type: none"> 1 <i>*-Delete/Indicate accordingly.</i> 2 <i>+Copies of Primary Six Results & other relevant documents to be attached.</i> 3 <i>To be submitted to the Admin Office of Anglo-Chinese School (Independent) not later than 12.00 noon Monday 22 December 2014.</i> 4 <i>A Processing Fee (Non-refundable) of \$30.00 will be charged and please pay CASH only.</i> 5 <i>Successful appeals will be contacted by the school by 30 December 2014, 10.00 am.</i> 6 <i>Students with PSLE score of 252 and above may be considered for the IP, depending on vacancy positions available.</i> 				
PERSONAL PARTICULARS OF STUDENT				
NAME				PSLE AGGREGATE
ADDRESS				
	Postal Code:			
TEL. NO.				
*NRIC/ PASSPORT NO.		NATIONALITY		
RELIGION		DENOMINATION		
INFORMATION ON SCHOOL FROM / CHOICES OF SCHOOL				
Primary School from				
Secondary School Posted To (if available)				
1 st Choice				
2 nd Choice				
PARTICULARS OF RELATIVES CURRENTLY / FORMERLY EDUCATED IN ACS / ACJC / ACPS / OTHER METHODIST SCHOOLS				
Name	Relationship	School	Year of Leaving	Class (if applicable)

+RECORD OF INVOLVEMENT IN CO-CURRICULAR ACTIVITIES			
A	Sports / UYO / Cultural Activities	Position Held (if any)	Period
B	Societies / Services / Others	Level of Participation	Year
+ RECORD OF AWARDS / ACHIEVEMENTS			
Date	Description	Medal Won / Position	

PARTICULARS OF PARENTS					
NAME	Father				
	Mother				
Address (if different from student's)					
Tel. No:	Home		Office		
<i>Please indicate if parent/s is/are old boy/girl under Section re. Particulars of Relatives Currently/formerly educated in ACS/ACJS/ACPS/other Methodist Schools.</i>					
INFORMATION ON ACS OLD BOYS' ASSOCIATION MEMBERSHIP OF PARENT/S					
YEAR JOINED	Father		MEMBERSHIP	FATHER	*Ordinary / Associate / Life
	Mother		STATUS	MOTHER	*Ordinary / Associate / Life
DETAILS OF APPOINTMENT/S HELD	Period	Appointment/s Held			
DETAILS OF AWARDS RECEIVED	Period	Awards Received			
INFORMATION ON CHURCH ATTENDING					
CHURCH ATTENDING		WHETHER REGISTERED MEMBER OR NOT		*Yes / No	
DETAILS OF APPOINTMENT / OFFICE HELD	Period	Appointment / Office Held			
PARTICULARS OF GUARDIAN (if applicable)					
NAME	*Dr / Rev / Mr / Mrs / Mdm / Miss				
ADDRESS (if different From student's)					
TEL. NO.	HOME		OFFICE		
SIGNATURE					
*PARENT'S/ GUARDIAN'S	Signature				
	Name		Office		
FOR SCHOOL USE ONLY					
Remarks	*Approved / Not Approved				
Approved By		Date			
Endorsed By		Date			