

ENQUIRY FORM

Date: _____

Student's Name: _____

Student's Residential Status: ☐ Singaporean ☐ Permanent Residence
☐ Dependent Pass ☐ Long Term VP

Date of Birth: _____ NRIC/Fin No: _____ Passport No. _____

Age (as of 1ST April 2019): _____ Nationality: _____Gender: ☒ Male ☐ Female Admission for Class _____**Parent(s)' Details**

Father's Name: _____

Contact No: _____

Email Address: _____

Occupation: _____

Mother's Name: _____

Contact No: _____

Email Address: _____

Occupation: _____

Residential Address: _____

Home Phone: _____

Sibling(s) Details (if applicable)

Name	Age	School
_____	_____	_____
_____	_____	_____

Previous Class / School

Name of School Class: _____

How did you get to know about G I G International School?

Parent's Signature