



Pei Hwa Presbyterian Primary School Alumni

7 Pei Wah Avenue Singapore 597610 Tel. 64663787, 64663797 Fax. 64621944

LIFE MEMBERSHIP APPLICATION FORM

All former students of Pei Hwa Presbyterian Primary School (PHPPS) may apply for life membership as long as they are above the age of 21 years and have completed at least 3 full years in PHPPS.

Subscription for Life Membership shall be a one-time payment of \$300.00. Cheques are to be made payable to "Pei Hwa Presbyterian Primary School Alumni".

Please submit your completed Application Form together with cheque, passport size photograph and documentary proof of your stay at PHPPS (E.g. PSLE Certificate or PHPPS Report Book) to:



The Honorary Secretary
Pei Hwa Presbyterian Primary School Alumni
7 Pei Wah Avenue
Singapore 597610

Application will only be processed upon receipt of the duly completed Application Form, payment and all documents required under this application.

Kindly allow 3 months for processing, following which the Alumni will contact you on the outcome of your application.

The Alumni reserves the right to request for more information from you for purposes of verification of the details in your application.

The Alumni reserves the right to decline any application without providing any reason thereof. The decision of the Membership Approval Committee on your eligibility shall be final and no appeal or further queries shall be entertained.

For any enquiry, you may write in to phppsalumni@gmail.com

Personal Particulars			
Name: (as in NRIC) <i>Please underline surname</i>			
Salutation: (Please Tick)	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr	Marital Status: (Please Tick)	<input type="checkbox"/> Single <input type="checkbox"/> Married
NRIC Number:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: (DD/MM/YYYY)		Nationality:	
Contact Number:	(Mobile)	(Home)	(Office)
Race:		Religion:	
Email Address: <i>Please write neatly</i>			
Mailing Address: <i>(Please provide local address if residing overseas)</i>			
Preferred Form of Communication: (Please Tick)	<input type="checkbox"/> Email <input type="checkbox"/> By Post <input type="checkbox"/> Both	Parent / Siblings who have joined the Alumni:	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____

Vocation & Industry Particulars			
Occupation:		Company:	
Designation:		Job Industry:	

Education Information			
Entry Year in PHPPS:		Level of Admission: (Please Tick)	<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6
Year of Graduation:		Level Left: (Please Tick)	<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6
Highest Qualification to Date: (Please Tick)	<input type="checkbox"/> PSLE <input type="checkbox"/> O Level <input type="checkbox"/> N Level <input type="checkbox"/> A Level <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Others: _____ Name of Institution: _____		

Applicant's Signature:		Date of Application: (DD/MM/YYYY)	
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Note for Your Child Primary 1 Registration:

MOE regulations state that if you wish to qualify for Phase 2A1 of the Primary 1 Registration, you must be an Alumni member of the School before 30th June of the preceding year. Please complete this Application Form, and submit it with all required supporting documents together with your payment, no later than **31st March** in the year preceding the year of qualification.

Example:

- Year of P1 Registration: 2019
- Child goes to Primary 1 in Year 2020
- Application Submission before 31st March 2018
- Be an Alumni Member before 30th June 2018

Please note that successful application as a member of PHPPS Alumni provided you with priority to register your child under Phase 2A1 of the Primary 1 Registration but does not guarantee your child a place should balloting take place when the number of applications exceeds the number of vacancies.

For Official Use			
Date Received: (DD/MM/YYYY)		Payment Cleared:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Membership Number Assigned:		Receipt Number:	
Approved By:		Date Approved: (DD/MM/YYYY)	
Remarks:			