



Geylang Methodist School (Secondary)  
2 Geylang East Central Singapore 389705  
Tel: 6746 6503 FAX : 6747 7317  
Email : gmss@moe.edu.sg

## Waitlist Form

Attention: Administration Manager

(Pls note student will Only be notified when there is a vacancy)

### Section A: Personal Particulars of Student

Full Name : (Underline Surname)	Birth Certificate No:	Date of Birth: (dd/mm/yyyy)	Nationality :
School Posted To (if applicable):		Last School Attended:	

Reason for applying to GMSS:

### Details of Sibling in Geylang Methodist Schools (if any):

Name:	Class:
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### Section B: Admission to Secondary (please circle appropriately): 1 / 2 / 3 / 4 / 5 [ Express / Normal (A) / Normal (T) ]

#### Documents/Particulars - Please tick accordingly.

- |  |   |
|--|---|
| <input type="checkbox"/> Last two years result slips (Compulsory)                    | <input type="checkbox"/> SPERS Results (Compulsory for Returning Singaporean) |
| <input type="checkbox"/> PSLE Result Slip (Compulsory if seeking entry to S1)        | <input type="checkbox"/> Testimonials (Optional)                              |
| <input type="checkbox"/> Secondary 1 Option Form (Compulsory if seeking entry to S1) | <input type="checkbox"/> Additional Information (Optional)                    |

Are you on Leave of Absence with any School?

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> YES: Name of School _____ | <input type="checkbox"/> NO |
|--|-----------------------------|

Are you a Returning Singaporean?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

Date of SPERS (MOE) Exam \_\_\_\_\_

School Posted To: \_\_\_\_\_

### Section C: DSA (Please complete where applicable)

Have your child / ward been successful for DSA in any school? ☐ YES ☐ NO

If yes, please specify the school: \_\_\_\_\_

### Section D: Admission to Secondary 1 only (Please complete where applicable)

PSLE T-Score	Year Admission:	Stream applied for (please circle appropriately): Express / Normal (A) / Normal (T)
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#### Choice of School:

1st Choice	4th Choice
2nd Choice	5th Choice
3rd Choice	6th Choice

<b>Section E: Parent' Particulars</b>		
Father's Name:	Father's NRIC/UID No.	Father's Occupation:
Mother's Name:	Mother's NRIC/UID No.	Mother's Occupation:
<b>Section F: Contact Details</b>		
Name of Contact Person:	Mobile Number:	
Home Telephone Number :	Office Telephone Number:	
Contact Address:	Email Address: (To be used for correspondence)	
Postal Code:		
<b>FOR INTERNAL USE:</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED  Class admitted to: _____ Date Admitted: _____		

\* Please delete accordingly

**Notes**

- 1 For Secondary 1 admission, student must meet the COP of the school for the year's S1 Posting Exercise.
- 2 Applicants may be required to sit for Admission/Placement tests set by the School to determine appropriate Class/Level
- 3 Applicants will **only** be notified if there is a vacancy
- 4 Email all completed application form.