For students who <u>would like to appeal</u> for Chinese/Malay (Special Programme)

Please do the following:

- a. print out the attached late application form (page 2 and 3), fill in Section I and II, and get signature from Principal of <u>your</u> <u>posted school</u>.
- b. email the completed form with <u>a softcopy of PSLE result slip</u> to Suhaimi_SAHMAT@moe.gov.sg for M(SP) or Lim_Xuan_han@moe.gov.sg for C(SP).

Kindly note that all appeal and/or late applications must be submitted via email latest by <u>13 January 2023</u>. Result of application is subject to MOE's approval. Schools will be informed of the outcome of such applications subject to availability of places by **3 February 2023**.

For any query, please contact the following officers:

For **M(SP)**: Mdm Rina Kesumawati Mizzy Ahmad

Rina_Kesumawati_MIZZY_AHMAD@moe.gov.sg Tel: 6879 6364

For **C(SP)**: Mr Wong Soon Yeow Wong_Soon_Yeow@moe.gov.sg Tel: 6879 6629



LATE APPLICATION / APPEAL TO OFFER CHINESE / MALAY (SPECIAL PROGRAMME)

SECTION I (To be completed by applicant and parent)				
Application to study:			MSP	
Zonal Centre:				
Date of Application:				
Reason/s for Late Application/ Appeal:				
DAYS AVAILABLE TO ATTEND CLASS		(anh) ann	liachla far	
classes at the MOE LANGUAGE CENTRES		(only app		
🗆 Monday 🛛 Tuesday 🗆 We	dnesday 🛛 Thurso	day	🗆 Friday	
	·		-	
INFORMATION OF STUDENT				
Name of Student:				
		-		
Name of Secondary School:	Level/Class:			
Citizenship: Race:				
DETAILS OF EXAMINATION RESULTS				
Important Note : For students who sat for PSLE, please attach the PSLE Results Slip together with this application.				
For students who did not offer PSLE in Singapore, please attach the Primary certification (with results) and latest				
academic record (if any) together with this application. PSLE Score (if applicable):		MT AL Sco	re at PSLE:	
		IVIT AL SCO	le al FOLE.	
Mother Tongue Language (MT) offered at PSL	F.	FL AL Scor	e at PSLE:	
			· · · · · · · · · · · · · · · · · · ·	
□ Tamil □ Others (please specify subject):				
If you are exempted from MT, please specify reason (s):				
Date of exemption:				

INFORMATION OF STUDENT'S PARENT(S)					
Name of Father:		Name of Mother:			
Home telephone no.:	Handphone No.:	Home telephone no.:	Handphone No.:		
Email Address:		Email Address:			
Parent's Declaration: I declare that the above					
Name of Pare		Signature	Date		
SECTION II (To be con	pleted by School Princ	ipal before submission	to CPDD)		
 The school confirms that all information in Section 1 is correct. I *recommend / do not recommend this application for consideration by CPDD. 					
Name of Princ	•	Signature	Date		
	is submitted by HOD/S				
Name of HOD/MTL:		Contact No.:			
Email Address:					
Important Note: Please submit this application form to the following officers via email in PDF format: • C(SP): Lim Xuan Han (Lim Xuan han@moe.gov.sg) • M(SP): Suhaimi bin Sahmat (Suhaimi_SAHMAT@moe.gov.sg)					
RESULTS OF APPLICATION: (For official use only)					
The child's application to offer *Malay / Chinese (Special Programme) is *SUCCESSFUL / NOT SUCCESSFUL.					
		(time).	(name of		
Date of confirmation: _					