

STUDENT APPLICATION FORM

Note:

PDPA: For details, please refer to <u>www.genetic.edu.sg</u> Website –

Genetic Computer School Pte Ltd is committed to maintaining the confidentiality of the
applicant's personal information and undertakes not to divulge any of the applicant's
personal information to any third party without the prior written consent of the applicant.

I acknowledge and agree to provide my personal information to Genetic Computer School Pte Ltd.
 I am aware and consent to the collection, use and disclosure of my personal data for the purpose related to my course applications.

Please attach
2 recent color
photographs

□ New Application □ Course Transfer □ Transfer from another PEI										
1. COURSE APPLICATION										
Course Applied		Course Code			Intake		Appl	ication Date		
Mode of Study ☐ Full Time	Local Student – (Singaporeans, P						(DD/N	se Start Date IM/YYYY)		
☐ Part Time				Student (Require Student Pass)					se End Date IM/YYYY)	
2. PERSONAL PARTICULARS (TO BE COMPLETED BY APPLICANT)										
Full Name (as in Passport Underline Surname)	y Card NRIC/ Fin No.		Passpo		rt No.					
Date of Birth (DD/MM/YYYY)	Gender Male	□ Female Nationality					Country/ City of Residence			
Marital Status ☐ Single ☐ M	arried	Occupation (If any)				Month	hly Income S	Income S\$ (If any)		
Address in Home Country:										
Telephone No. (Include Co	ountry and	Area code				Er	mail Address			
Address in Singapore (If different from above):										
Telephone No. (Include Country and Area code) In case of emergency, please contact Email Address										
Telephone No. (Include Country and Area code) Email Address										
PARENT/ GUARDIAN* D	ETAILS	(If applicant i	s unde	er 18 years of ag	e)					
Name of Parent/ Guardian	* NRI	IRIC/ Passport No		:	Nationality			Occupation		
Address	'	Telephone No. (Include Country and A			Relationship			ı		
ACADEMIC BACKGROUND										
☐ GCE 'O' Level		GCE 'A' Le	evels/	Year 12			Other			
		nool / Institution / University		Country	,		Year Started		Year Completed	

2023-V8.00



ENGLISH LANGUAGE PROFICIENCY REQUIREMENT								
Any English quali	fication							
Institution: Name of Course:					Year and Duration of Study:			
Or I have taken an English Language Test (e.g. TOEFL, IELTS) within the past two years If yes,						No		
* Please attach resu	ult sheet	Test Date:		Test Scor	re:			
Or I will be □ sitting for an English Language Test * Please attach result sheet								
WORKING EXP	ERIENCE							
Years of Working	Experiences:		Industrial Related	l:				
Company	Country/City	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Nature of Busines	I	Designation		
3. SOURCE OF	 INFORMATION							
	about Genetic Con	nputer School?						
☐ GCS Website		' ment □ Trade Fai	ır/ ⊢ynınıtı∩n	riends/ Fami	,			
4. APPLICATION			Rec	<u>ommendatio</u>	n			
Local Student		Official Use Only)	S\$		Date of receipt			
	`	,			•			
International Stud	ent (For	Official Use Only)	S\$		Date of receipt			
MODE OF PAYME	NT			Receipt No.				
☐ Cash	☐ Cheque	□ Teleg	raphic Transfer	☐ Bank Ti	ransfer [Cashier's order		
	CHECKLIST AND ED BY APPLICANT	DECLARATION AND PARENT/ GUAR	RDIAN, IF APPLICAE	BLE)				
□ Payment of Application fee (Non-refundable) □ Con □ Copy of Passport/ NRIC □ Cop □ 2 Passport-sized photographs □ Ban					pleted student application form es of education certificates and transcripts statement (Visa Required Countries) pleted eForm 16 and eForm V36 (Visa Required			
I declare that I have read the instructions on this student application form and that the information I have provided is complete and correct. I understand that if I do not complete all the questions on this form, it may not be possible for the school to process my application. I have read, understood and accepted the terms and conditions stated in the PEI - Student Contract.								
Applicant's Signature				ate				
Parent/ Guardian's Signature Date (If applicant is under 18 years of age)						-		



FOR GENETIC COMPUTER SCHOOL USE ONLY:							
Please check that all information is complete and all required documents are submitted.							
Transfer Case: Yes / No If Yes	, Name of previous School:	Copy of Stud	ent pass card				
Received By:		Date	-				
Checked and Verified By:	(Head of Admin)	Date	_				
Approved By:	(Principal)	Date	-				