



COMMONWEALTH SECONDARY SCHOOL
Secondary One Appeal Form

Important Note: Appeals can only be considered if your child has met the school's PSLE Score AL Cut-Off Point (COP)

For Official use only									
<p>Documents to be attached by the Applicant:</p> <div style="text-align: center; margin-bottom: 5px;">Please Tick (√)</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">PSLE results</td> <td style="width: 20%;"></td> </tr> <tr> <td>S1 Option Form</td> <td></td> </tr> <tr> <td>Printout of school choice</td> <td></td> </tr> <tr> <td>Other Supporting documents</td> <td></td> </tr> </table>	PSLE results		S1 Option Form		Printout of school choice		Other Supporting documents		<p><input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted</p> <p>Approved by: Signature (Principal/Vice-Principal)</p> <p>Date:</p> <p>Remarks:</p>
PSLE results									
S1 Option Form									
Printout of school choice									
Other Supporting documents									

Student's Particulars: (*Please delete accordingly)			
Full Name:	Gender: *Male/Female	* Race:	*Date of Birth:
*NRIC/FIN No:	*Nationality:	Address (in Singapore):	
*Contact No: _____(Home) _____ (Parent's HP)		Primary School: _____	
Parent's Email Address: _____		PSLE Score: _____	
		Language: *ML/TL/CL Others (pls state): _____	
		Higher Mother Tongue (HMT) : *YES / NO	
Secondary School posted to by MOE:		Choice no. for current Secondary School posted to (circled): *N.A. / 1 / 2 / 3 / 4 / 5 / 6	
Have you been posted to your current secondary school via DSA: *YES / NO		Choice no. for Commonwealth Secondary School (circled): *N.A. / 1 / 2 / 3 / 4 / 5 / 6	
Request for transfer to CWSS : Secondary One (*G3 / G2 / G1)			
Reason for Appeal (Please submit documentary evidence to substantiate your application):			

PSLE Results					
Subject	Grade	Subject	Grade	Subject	Grade
English		Science		Chinese/Malay/Tamil	
Mathematics		Higher Mother Tongue			

CCA Achievements / Others Achievements (Please enclose supporting documents)		
Areas	Primary Level/Year	Competition/Achievements/Position Held

I am disclosing my data below on the understanding that it is on a voluntary basis. I give consent to the Parent Support Group (PSG) to contact me via the information below.			
Parent's/Guardian's Particulars			
Full Name:		Relationship to student : Father/Mother/Guardian	
NRIC No/ FIN No: _____		Contact No: _____ (H/P) _____ (Home)	
E-mail Address:			

Parent Support in Education

I am an active member of the Parent Support Group (PSG) in my child's primary school

Specify area(s) of contribution: _____

Number of years: _____

I am prepared to contribute to Commonwealth Secondary School (PSG) in the following areas:
(Please indicate below in which area of the PSG you would like to contribute)

Activity	Description of Activity	Please Tick (✓)
Night Study Programme for graduating students	<ul style="list-style-type: none"> To contribute/provide refreshments and food Help to distribute refreshments and food 	
CCA/Field/Educational Trips	<ul style="list-style-type: none"> Accompanying students on learning journeys 	
Special Functions	<ul style="list-style-type: none"> Involvement in school events, activities and/or festive celebration 	
Provide services to support PSG	<ul style="list-style-type: none"> Conduct activities to encourage students, teachers and parents to interact and collaborate Facilitates coffee chats and sharing sessions (on family values etc) 	
Other Areas: (e.g. Design, Innovation, Maker Education, Aesthetics, Environmental Education, Robotics etc)	Please specify:	

All sections of this 2-paged appeal form must be completed. Incomplete forms may be treated as void.

Signature of Parent/Guardian

Date