



For Official Use Only

Registration No.

MOE KINDERGARTEN TRANSFER REQUEST

(This form may take about 5 minutes to complete)

Part 1 (To Be Completed By Parent)

1. Name of Child (As shown in BC)		
2. Child's S'pore BC / UIN		
3. Name of MOE Kindergarten	MOE Kindergarten@ _____	
4. Type of Transfer Request (Please tick where applicable)	<input type="checkbox"/> Transfer to AM / PM* session in the current MOE Kindergarten Is your child enrolled in the Kindergarten Care (KCare) service currently? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note that if your request to transfer is approved, and if your child is enrolled in the KCare service, his/her KCare session will be adjusted accordingly.	<input type="checkbox"/> Transfer to MOE Kindergarten @ _____ in the AM / PM* session I am interested / not interested* in enrolling my child in the Kindergarten Care (KCare) service ¹ .
5. Reason(s) for Transfer Request		
Name of Parent: Signature:	Date submitted: ___ / ___ / ____ (dd /mm / yyyy)	

*Please delete accordingly

Please note that transfer requests will be considered by the relevant MOE Kindergarten subject to the availability of vacancies in the MOE Kindergarten and other considerations.

Part 2 (For Official Use)

Transferred to AM / PM* session with effect from _____

Transferred to MOE Kindergarten @ _____ in the AM / PM* session with effect from _____

KCare Session: AM / PM / Not Applicable*

(transfer of child can only be approved when there are no arrears in the current kindergarten)

Name / Signature of Staff:

Date:

*Please delete accordingly