

## REQUEST FORM FOR UPDATING OF STUDENT'S ADDRESS

1. This form will take you about 5 minutes to complete. You may need the information in your child's/ward's NRIC, Parents' / Legal Guardian's/ Caregiver's NRIC to complete the form.
2. For item marked \*, you must bring along the original supporting documents such as the NRIC of the Parent/ Legal Guardian/ Caregiver, Letter from Hostel, Children's Home, Identification documents (for non-NRIC holder), etc.
3. If you have any enquiries, please contact your child's/ ward's school.

This section is to be completed by the Parent/ Legal Guardian/ Caregiver																																								
Name of Student: _____																																								
Identification No: _____	Level/Class: _____																																							
Student's New Address (for local residential address only):  _____ Singapore _____																																								
Type of Home <input checked="" type="checkbox"/> (tick 1 box):																																								
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; text-align: center;">5</td> <td style="padding: 0 5px;">- Room HDB Flat</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;">Government Exec Flat</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;">HUDC Flat</td> </tr> <tr> <td colspan="5"></td> <td style="padding: 0 5px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 0 10px;">Private Flat/ Condominium</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 0 10px;">Detached House</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 0 10px;">Semi-Detached House</td> </tr> <tr> <td colspan="5"></td> <td style="padding: 0 5px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 0 10px;">Terrace House</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 0 10px;">Shophouse</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td colspan="2" style="padding: 0 10px;">Others (specify): _____</td> </tr> </table>	1	2	3	4	5	- Room HDB Flat	<input type="checkbox"/>	Government Exec Flat	<input type="checkbox"/>	HUDC Flat						<input type="checkbox"/>	Private Flat/ Condominium		<input type="checkbox"/>	Detached House		<input type="checkbox"/>	Semi-Detached House							<input type="checkbox"/>	Terrace House		<input type="checkbox"/>	Shophouse		<input type="checkbox"/>	Others (specify): _____			
1	2	3	4	5	- Room HDB Flat	<input type="checkbox"/>	Government Exec Flat	<input type="checkbox"/>	HUDC Flat																															
					<input type="checkbox"/>	Private Flat/ Condominium		<input type="checkbox"/>	Detached House		<input type="checkbox"/>	Semi-Detached House																												
					<input type="checkbox"/>	Terrace House		<input type="checkbox"/>	Shophouse		<input type="checkbox"/>	Others (specify): _____																												
Ownership:																																								
<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Others (specify): _____																																						
Source of Address*:																																								
<input checked="" type="checkbox"/> (tick 1 box)	<input type="checkbox"/> Student's NRIC <input type="checkbox"/> Father's NRIC <input type="checkbox"/> Mother's NRIC <input type="checkbox"/> Legal Guardian's NRIC <input type="checkbox"/> Caregiver's NRIC (Please specify Name, S'pore NRIC No. of Caregiver and Relationship with child below) Name of Caregiver: _____ S'pore NRIC No. of Caregiver: _____ Relationship with Student: _____ <input type="checkbox"/> Others: _____ (Please provide reason on why none of the above applies, e.g. hostel address, house reno, etc)																																							

I declare that the information provided in this form is true to the best of my knowledge and belief. I acknowledge that the Ministry of Education may share all necessary data (including personal data of both my child/ward and I) with other parties to facilitate the provision of services for my child's/ward's educational advancement or other purposes beneficial to my child/ward, as determined by the Government, unless such sharing is prohibited by law.

\_\_\_\_\_  
Parent's/ Legal Guardian's / Caregiver's Name\*\*

\_\_\_\_\_  
Signature and Date

(\*\*delete as appropriate)

**This section is to be completed by School**

The change to the student address as declared by the parent/ legal guardian/ caregiver was updated in School Cockpit Plus on \_\_\_\_\_ (date).

\_\_\_\_\_  
Name of School Staff

\_\_\_\_\_  
Signature of School Staff

\_\_\_\_\_  
Date