

APPLICATION TO DROP HIGHER MOTHER TONGUE

FORM HMT - DROP

Section 1
To be completed by parent / guardian.

NAME OF STUDENT (Please use BLOCK LETTERS and underline surname)	Student Identification No: (*NRIC/Birth Cert/Foreign Identification No.)
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Name of present school	CHIJ (KATONG) PRIMARY SCHOOL
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Level / Class	
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Reason(s) for application to drop *Higher Chinese Language / Higher Malay Language / Higher Tamil Language <i>* delete accordingly</i>	
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Name of parent/guardian	
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Relationship to pupil	
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Contact No	Home	Mobile
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	Signature	Date
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Section 2
To be completed by school principal.

Date : _____

Dear _____ * parent/guardian of _____ (Class) _____

The school has considered your request to have your *child/ward opt out of *HCL / HML / HTL and is agreeable to the change. This change will take place with immediate effect.

Thank you.

Yours sincerely,

Mrs Judina Cheong
 Principal

cc Mdm Yeo Kwang Yee (HOD MT)
 _____ (Form Mistress)