BOWEN SECONDARY SCHOOL

2 Lorong Napiri Singapore 547529
Tel: 63859466 Fax: 63856559

2018 Direct School Admission – Secondary (DSA-Sec) Exercise
DSA-Sec Application Form

<u>Section A</u>

Name of Student : _____

BC No./FIN/Passport No.* : _____

Nationality : _____

Gender : Male / Female *

Primary School : _____

Mother Tongue : Chinese / Malay / Tamil / Others / Exempted *

Contact No. : _____

Address : _____

_____

Email Address : _____

I understand that once my child/ward is successfully allocated to Bowen Secondary School, my child/ward will not be allowed to participate in the Secondary 1 Posting Exercise to opt for secondary schools, and are expected to honour the commitment to the allocated DSA-Sec school for the entire duration of the programme. My child/ward will also not be allowed to transfer to another school after the release of the PSLE results.

_____   _____   _____   _____
Name of Parent/Guardian *   NRIC/Passport No.   Signature   Date

* *Please delete as appropriate.*

Section B

Application of Area of Talent (Please check the appropriate box):

- ☐ Community & Youth Leadership
- ☐ Business and Enterprise
- ☐ Military Band
- ☐ Badminton
- ☐ Football

CCA (in primary school)   : _____

CCA representation level   : _____

Leadership position(s)   : _____

Achievement / Awards
in the Area of Talent applying for   : _____

_____

_____

_____

Participation / Experience
in the Area of Talent applying for   : _____

_____

_____

_____

History in Conduct Grade :

(For example) Pri 3	Pri 3	Pri 4	Pri 5
Good			

Section C (Only for applicants applying for Band, Badminton & Football only)

Medical Condition	Yes / No	If yes, please elaborate (Please attach supporting medical information from the attending doctor(s))
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Allergies e.g. medication, insect bites and stings		
Is your child/ward on regular medication?		
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?		
Other relevant medical Information		