

ASPEN LEARNING CENTRE REGISTRATION FORM

*Circle where applicable

Student Particulars

Full Name: _____

Gender: _____
Male / Female *

NRIC: _____

Birth Date: _____

School: _____

Phone(H): _____ Phone(M): _____

Email: _____

Parent Particulars

Full Name: _____

Salutation: _____
Prof / Dr / Mr / Mrs / Mdm / Ms *

NRIC: _____

Relationship: _____

Phone(M): _____

Residential Address: _____

Postal Code: _____

Registration Details

▶ For Primary Level

Pri 4 Pri 5 Pri 6

Subjects

Maths Science

▶ For Secondary Level

IP Non-IP
 Sec 1 Sec 2 Sec 3 Sec 4

Lower Sec Subjects

LS Science
 LS Maths

Upper Sec Subjects

Pure Physics
 Pure Biology
 Pure Chemistry
 A Maths
 E Maths

▶ For JC Level

JC 1 JC2

Subjects

Chemistry Biology Physics
 H2 C Maths

▶ Course / Programme

Regular Bridging Holiday

Day: _____

Time: _____

"I, thereby acknowledge that I have read, understood and agreed to abide by the Terms & Conditions attached overleaf."

Student's/ Parents/ Guardian's Name & Signature

Date