



APPLICATION FORM FOR ADMISSION IN COLLEGE FRENCH PASSERELLE

Student's Name _____ Date of Birth _____ Current Grade _____

Applying for enrolment Year _____ Applying for Grade _____

STUDENT'S LANGUAGES

What is the main language spoken at home? _____

Other spoken languages – Language 1 _____
Language 2 _____
Language 3 _____

If English is not your child's first language, please select their level of English proficiency from the list below:

Beginner Gaining Confidence Confident Fluent Native

STUDENT'S SCHOOL HISTORY (over the last 2 years)

Most recent / current school

Name of student's school _____ Country _____

Date joined _____ Date Left _____

Type of Curriculum _____ Language of instruction _____

School 2

Name of student's school _____ Country _____

Date joined _____ Date Left _____

Type of Curriculum _____ Language of instruction _____



LYCEE FRANÇAIS DE SINGAPOUR LTD

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SECTION TO BE COMPLETED BY CURRENT SCHOOL'S REFEREE

Student's Name _____ Date of Birth _____ Current Grade _____

We have received an application for the above student to join Grade _____. To assist in the admissions process, we would be extremely grateful if you would complete this form and return it to the school by email at: frenchpasserelle@lfs.edu.sg. This form is also available online at www.lfs.edu.sg.

School Name _____ Language of instruction : English Other: _____

Name of Referee _____ Position Held _____ Date _____

How long have you known the child? _____ How long has the child attended your school? _____

School's curriculum _____

Academic Performance	Please tick the box that best relates to the student			
	Excellent	Good	Satisfactory	Poor
Language of instruction				
Mathematics				
Science				
Other studied language <ul style="list-style-type: none"> Language: European level (if known): A1 A2 B1 B2 				

Please attach assessment results

Attribute	Please tick the box that best relates to the student			
	Excellent	Good	Satisfactory	Poor
Behaviour				
Attendance				
Punctuality				
Organisation				
Initiative				
Communication Skills				
Ability to work in groups				
Proficiency in written native language				
Proficiency in spoken native language				
Proficiency in Technology				
Overall academic ability				

Please select the adjectives that best describe the characteristics of the student

- Confident Creative Capable Conscientious Caring
 Verbal Communicator Sporty Musical Artistic

Please indicate student's areas of strength

Please indicate student's areas for development

Does the student have any specific educational needs identified by a professional? If yes, please provide details.

Principal Signature: _____

Teacher Signature: _____

School Stamp: _____