FUCHUN PRIMARY SCHOOL

A Concerned Leader, A Lifelong Learner

Fuchun Youth Alumni Application Form

Name: _____

Contact Number: (H) _____ (Mobile) _____

(Email) _____

Year Graduated: _____

Current School: _____

Student Leader Position in FCP (If any): _____

Please submit the application form after receiving your Secondary School posting.

Parent's/Guardian's Particulars:

Name of parent/ guardian: _____

Relationship with child: Father/ Mother / Guardian (Please circle)

Contact Number: (H) _____ (Mobile) _____ (Office) _____

***I agree to my child/ward joining the Fuchun Youth Alumni.**

_____ _____

Parent's/Guardian's Signature Date

23 Woodlands Avenue 1, Singapore 739063 Tel: 6368 3925 Fax: 6367 0117
Email: fcps@moe.edu.sg Website: www.fuchunpri.moe.edu.sg