

**CHIJ Primary  
Updating Pupils' Personal Particulars**

Please fill in **ONLY** the particulars that need to be updated

**PUPIL'S PARTICULARS**

Statutory Name	
Date of Birth ( dd-mm-yyyy )	
Country of Birth	
BC Number / SCC No / UIN ( for SPRs, please quote UIN )	
Citizenship ( S'pore Citizen / SPR )	
Race	
Religion	

**PARENTS' PARTICULARS**

	FATHER	MOTHER
Name		
Race		
Citizenship ( S'pore Citizen / SPR )		
IC Number / SCC No / UIN ( for SPRs, please quote UIN )		
Occupation		
Home Address	Postal Code (     )	
Home Telephone		
Office Telephone		
Handphone / Pager		
Email Address		

**OTHER INFORMATION ( \* Please delete as appropriate )**

<b>Mother Tongue Language</b>  Chinese / Malay / Tamil / # Non-Tamil Indian Language (NTIL)	# Please indicate which NTIL taken, if applicable :  _____
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**GUARDIAN'S INFORMATION**

<b>Relationship with Pupil</b>  * Father / Mother	* Please tick ( ✓ ) reason if relationship is Mother
	<input type="checkbox"/> Father is NOT S'pore citizen / S'pore PR
	<input type="checkbox"/> Father is deceased ( Year deceased _____ )
	<input type="checkbox"/> Parents are separated / divorced. Custody is with Mother.
<b>Marital Status of</b> * Father / Mother ( according to " Relationship with Pupil " )	* Please tick ( ✓ )  <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Others

**ADDITIONAL INFORMATION ( IN CASE OF EMERGENCY )**

<p>Supervision Before / After School Most often by :-</p>	<p>Please tick ( ✓ )</p> <p><input type="checkbox"/> Parents    <input type="checkbox"/> Guardian    <input type="checkbox"/> Relatives    <input type="checkbox"/> Maid    <input type="checkbox"/> Others / Hostel</p> <p><input type="checkbox"/> Childcare / BASC ( Before-After School Service Centre )    <input type="checkbox"/> None</p>
<p>Medical Problems</p>	<p>Please tick ( ✓ ) whichever applies</p> <p><input type="checkbox"/> allergy                      <input type="checkbox"/> dietary                      <input type="checkbox"/> physical disability</p> <p><input type="checkbox"/> asthma                        <input type="checkbox"/> hearing disability      <input type="checkbox"/> speech disability</p> <p><input type="checkbox"/> blood-related problems    <input type="checkbox"/> malnutrition              <input type="checkbox"/> visual disability</p> <p><input type="checkbox"/> heart problems</p> <p>Other medical problems ( if any ) :-</p> <p>_____</p> <p>_____</p>

In case of EMERGENCY, person to contact if parents are not available :-

Name : \_\_\_\_\_ Relationship : \*Aunt / Uncle / Grandmother / Grandfather

Contact No : \_\_\_\_\_ Others \_\_\_\_\_

**ACTION BY OFFICE**

The above information on page 1 was updated in the School Cockpit

on \_\_\_\_\_ by \_\_\_\_\_

(date) (name, signature & date)

**Dear FM, please file into Pupil Record File after acknowledgement.  
Thank you.**

Name of FM : \_\_\_\_\_

Class : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_