

Ministry of Education Language Centre

Bishan Campus

11 Bishan Street 14
Singapore 579782
Telephone: 6258 7794
Telefax: 6258 3913



Newton Campus

136 Cairnhill Road
Singapore 229722
Telephone: 6515 8320
Telefax: 6686 3560

Class Transfer – Instructions

(Please return the attached form personally or by fax to the General Office of the Ministry of Education Language Centre)

PLEASE NOTE

ALL CLASS TRANSFERS WILL BE SUBJECT TO AVAILABILITY OF VACANCIES. Where there are no vacancies in the requested day/time slot(s), students will be put on a waiting list. While waiting for a place to be freed up, students are to make arrangements to attend the class initially assigned to them.

Acceptable reasons for a permanent class transfer:

A clash with

- (a) the school timetable;
- (b) other compulsory school programmes/activities

Reasons of a private nature, such as tuition, dance, music, ballet and other personal enrichment lessons will not be considered.

Students are strongly encouraged to arrange their CCAs such that they do not clash with their classes at the Ministry of Education Language Centre.

Documents to submit:

Please attach the following supporting documents to the Class Transfer Form:

- (a) a photocopy of school timetable
- (b) a standard letter (on the flip side of the Class Transfer Form) stating the name and days of the activity that clashes with the assigned MOELC class, if applicable.

Request processing time:

All applications received **during school term time** will be processed **within 5 working days**. Requests received on the last day of school term or during the school term holidays will be processed at the beginning of the next school term.

Please supply a valid email address. The outcome of your request will be communicated to you by email. Please indicate your email address clearly to avoid unnecessary delay. **Please check your email regularly for incoming mails in inbox/spam folders for notification of class transfers.** If you do not receive an email after 5 working days, please write to us at the following email addresses:

Department	Email Address
French	MOE_LCfrench@moe.edu.sg
German	MOE_LCgerman@moe.edu.sg
Japanese	MOE_LCjapanese@moe.edu.sg

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Class Transfer Form French/German/Japanese - H1 & H2

(Please return this form personally or by fax to the General Office of the Ministry of Education Language Centre)

Please submit the following documents together with the Class Transfer Form:

1. photocopy of school timetable
2. standard letter (on the flip side) to be completed and signed by the teacher in charge of the school programme(s) stating the activity that clashes with the assigned Foreign Language/Malay/Asian Language class at the MOE Language Centre and the days and time of the activity.

For Office Use:

Please CIRCLE as appropriate:

FRENCH/GERMAN/JAPANESE

To be completed by the Student/Parent/Guardian:

Name of Student					
NRIC/ Student Pass No.				*Male/ Female	
Junior College/ Centralised Inst.	School Name:			School Class:	
MOELC class originally assigned	Class:		Days:		Time: 5.30pm (H1 & H2)
Days/times UNABLE to come for lessons at MOELC: <i>(please CROSS OUT with an "X"). Note: All H1 & H2 lessons are from 5.30pm to 7.30pm</i>	Monday	Tuesday	Wednesday	Thursday	Friday
Reason(s) for not being able to come for lessons					
Name of *parent/guardian					
Signature of *parent/guardian					
Telephone numbers:	Home:	Office:	Mobile:		

IMPORTANT – please take note

The class transfer application outcome and details of the new class will be communicated to you by email only. Please check your email regularly for incoming mails in inbox/spam folders for outcome of your class transfer request.

EMAIL of *Father/Mother/Guardian/Student: *please write clearly to avoid unnecessary delay*

*delete as appropriate

To: The MOE Language Centre

REQUEST FOR A CLASS TRANSFER FOR
CCA/SCHOOL PROGRAMME CLASH REASONS

Name of Pupil: _____
NRIC/Student Pass no: _____
Original MOELC Class: _____

This is to confirm that the above-mentioned student is involved in

_____ on
(name of school programme/ activity)

_____ at _____
(day/ days) *(time)*

Please allow a change of class.

*Name of teacher-in-charge
of school programme/ CCA*

*Signature of teacher-in-charge
of school programme/ CCA*

Date

School Stamp