



27A Jubilee Road,
Singapore 128575
www.ics.edu.sg

Phone: +(65) 6776-7435
Fax: +(65) 6776-7436
E-mail: info@ics.edu.sg

Student Pass Request Form

NEW Renewal

		If Renewal, expiry of last STP:	Date of Request:
Name of Student: LAST Name, FIRST Name (<i>as in travel documents</i>)		Current Grade:	Date of Birth: DD/MM/YEAR
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Passport Country:	Nationality:	Duration of Pass :
Contact Tel No:	Email :	Parent/s Name & Signature:	