

NEWTON INTERNATIONAL COLLEGE

35 Selegie Road #09-14/15, Parklane Shopping Mall, Singapore 188307 Website: www.newtoncollege.edu.sg Tel: +6563327878 | Fax: +6563327879 | Email: info@newtoncollege.edu.sg

REGISTRA	ATION FORM		
	you have provided will ommunicating with you	l be kept confidential &	Please attached 1
Course Applying:			recent color photograph
Course Period:	Course		
Mode:	Full Time / Part Time		
Personal Deta Applicant's Name:	ils		
Passport No:		Expiry Date of Passport:	
NRIC/FIN No:		Date of Birth:	
Sex:	Male 🗌 Female 🗌	Marital Status:	Single Married
Religion:		Citizenship:	
Hand phone No:		Home Telephone No:	
Email Address:			
Home Country Add	lress:		
		Postal Cod	e:
Singapore Address:			
		Postal Cod	e:
In Case of Em	nergency		
Immediate Family	Member		
Father/Mother:		Contact No:	
Brother/Sister:		Contact No:	
Other Name:		Contact No:	
Relationship With	Applicant :		

Education Background

Name of Schools	Language of Instruction	From (dd/mm/yy)	To (dd/mm/yy)	Country	Highest Educational Qualification



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Employment History

Name of Companies	From (dd/mm/yy)	To (dd/mm/yy)	Position Held	Country	Nature of Duties

Applicant's Checklist

- Completed Application Form
- □ Certified copies of certificate and transcript
- □ Copy of Passport / NRIC
- □ 2 Passport Size Photos
- □ Payment of S\$150 Application Fees (Non-Refundable)

Declaration

I, _______ declare that all information given by me in this registration form are true and correct and I understand that any misinterpretation or omission of information is sufficient grounds for rejecting my application. I also authorize any investigation of the above information for the purpose of verification. While I am a Student, I undertake to observe all the statues, By-Laws and Rules of the School. I agree to pay the full course fees for one year.

Applicant's Signature:			Date:		
For Office Use only Application Outcome: □ Letter of Offer: □	Approved Conditional/Provisional		Rejected Unconditional	••	
		Āca	ademic Advisor's Signature and Date		