

**APPLICATION FORM FOR PROGRAM JEJAK BUDAYA@MLCS 2018
(BY 6 APRIL 2018)**

FAX NUMBER: 6258 6761

To: Ms Elyani Mohamed
Centre Training Officer, Malay Language
Malay Language Centre of Singapore
E-mail: elyani_mohamed@schools.gov.sg
Tel No: 6354 0232

JEJAK BUDAYA@MLCS

Name of School: _____ **(Primary/Secondary)***

** Please delete whichever not applicable.*

Date of Learning Journey: _____

The following teachers will be present during the Learning Journey at MLCS:

No	Name of Teacher(s)	Hp No	E-mail Address
1.			
2.			
3.			
4.			
5.			

The following student(s) will be attending the Learning Journey at MLCS:

No	Name of Student(s)	Level/Class
1		
2		
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<p>Principal's Signature:</p> <p>_____</p> <p>Date: _____</p>	<p>Name of School/Zonal Centre :</p> <p>_____</p> <p>Zone : North / South / West / East*</p>
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** Please delete whichever not applicable.*