

For Official Use Only

Process Date:

By:

REGISTRATION AS PACT PARTICIPATING SCHOOL	
SCHOOL INFORMATION	
School:	
Zone: [North, South, East, West] select One:	School Code:
Address:	
LIAISON PARTICULARS	
Liaison Officer:	
Contact Number:	E-mail:
Fax:	
AUTHORISATION	
Please register us as a participating school of Principals Academy Certification Test	
Authorised By and Designation:	Signature:
School Stamp:	Date:

*Being part of the partnership does not oblige the school to take in foreign student, when there are no vacancies or the student has not satisfied the school's academic requirement.

Kindly fax completed form to Fax: 6363 0220 or E-mail it to: info@pai.sg

Thank you, we look forward in serving you.