PARENT SUPPORT GROUP APPLICATION FORM

The objective of the Parent Support Group (PSG) is to facilitate parents to begin the journey of partnering the school in areas of human resource and expertise to provide an enriching holistic education for the pupils.

This for may take 10 minutes to complete. Please return the completed form to the school. You may fax or mail it to the stated number and address on the letterhead.

We thank you for your interest to support us.

Particulars of Parent Volunteer						
Name	Cit	izenship				
Identity/Passport No	Ge	ender				
Date of Birth	Oc	cupation				
Contact Number (Hp)	W	hatsapp User	Yes / No			
Email Address	Re	lationship to child				
Hobbies / Specialised Skil	ls (eg baking, photography, d	esign)				

Particulars of Youngest Child in Dazhong Primary School						
Name		Class				
Birth Certificate No		Gender				
Date of Birth		CCA (if any)				

Area of Contributions (Please Tick)								
EL Extensive Reading	Wednesdays 0940 – 1040[]		Fridays 0940-1030 []				
Programmes								
Xploration @DZP	Tuesdays 2 – 4 pm	[]	Thursdays 2 – 4pm []			
Chaperons for Learning Journey	School Hours (0745-1.45pm)	[]	After School Hours [(2 – 5pm)]			
Professional Talks / Training		[]	Please specify				
School Events		[]					