



树群小学

Shuqun Primary

To Serve with Quality

Registration Form For Parent Volunteers P1 Intake

Note: This form may take you up to 3 minutes to fill. Please complete every part and return this form to the school with photocopy of the birth certificate of your child and parents' ICs.

Particulars of Child

Name of Child to be registered (as in BC)	
Birth Certificate Number/UIN	
Citizenship	Singapore Citizen/Singapore Permanent Resident*
Date of Birth	
Gender	Male/Female
Year of Registration	

Particulars of Parent Volunteer

Areas(s) of contribution	<input type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Photography <input type="checkbox"/> AV Media <input type="checkbox"/> IT <input type="checkbox"/> Cooking <input type="checkbox"/> Library <input type="checkbox"/> Reading <input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Others - please specify:
Parent	Father/Mother*
Salutation	Dr / Mr / Mrs / Mdm*
Name of Parent volunteer (as in NRIC)	
NRIC	
Race	
Address	
Postal Code	
Tel (Home)	
Tel (Office)	
Handphone	
Email address	
Current Occupation	
Highest Academic Qualification	<input type="checkbox"/> Secondary <input type="checkbox"/> Post Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate
Name of Institution	

Particulars of Spouse

Parent	Father/Mother*
Salutation	Dr / Mr / Mrs / Mdm*
Name of Parent volunteer (as in NRIC)	
NRIC	
Race	
Address	
Postal Code	
Tel (Home)	
Tel (Office)	
Handphone	
Email address	
Current Occupation	
Highest Academic Qualification	<input type="checkbox"/> Secondary <input type="checkbox"/> Post Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate
Name of Institution	

Parent Volunteer Duties Selection Form

Please state your preference (you can tick more than one)

- | | | | |
|----------|--|--|--|
| 1 | Road Crossing
(Before school: 6:55am-7:30am) | | (After school: 1:45pm-2:15pm) |
| | Monday <input type="checkbox"/> | | Monday <input type="checkbox"/> |
| | Tuesday <input type="checkbox"/> | | Tuesday <input type="checkbox"/> |
| | Wednesday <input type="checkbox"/> | | Wednesday <input type="checkbox"/> |
| | Thursday <input type="checkbox"/> | | Thursday <input type="checkbox"/> |
| | Friday <input type="checkbox"/> | | Friday <input type="checkbox"/> |
| 2 | | | |
| | Reading Programme | | |
| | Every Morning, 7.10 am -7.25 am <input type="checkbox"/> | | Every Friday, 2 pm – 2.30pm <input type="checkbox"/> |
| 3 | | | |
| | Outdoor Lessons
(Morning Curriculum Time) | | (Friday afternoon) |
| | Monday <input type="checkbox"/> | | Monday <input type="checkbox"/> |
| | Tuesday <input type="checkbox"/> | | Tuesday <input type="checkbox"/> |
| | Wednesday <input type="checkbox"/> | | Wednesday <input type="checkbox"/> |
| | Thursday <input type="checkbox"/> | | Thursday <input type="checkbox"/> |
| | Friday <input type="checkbox"/> | | Friday <input type="checkbox"/> |

Official Remarks:

Name

Signature/Date