## PARENT SUPPORT GROUP (PSG) REGISTRATION FORM

(Completed form to be returned to the school General Office or emailed to <a href="SQPS@moe.edu.sg">SQPS@moe.edu.sg</a>.)



The Parent Support Group (PSG) is a great opportunity for parents to be closer to their children, understand them better, and help them in their education journey. Your child also benefits when you are more active in his/her school environment.

| Name:   |                           |                                |  |
|---|---------------------------|--------------------------------|--|
| Last 4 digits and alphabet of NRIC:             |                           |                                |  |
| Gender:   | F / M                     |                                |  |
| Race:   |                           |                                |  |
|   |                           |                                |  |
| Telephone (HP):                                 |                           |                                |  |
| E-mail:   |                           |                                |  |
|   |                           |                                |  |
| Please specify child's / children's             |                           | Birth Year:                    |  |
| name(s):  |                           | Birth Year:                    |  |
|   |                           |                                |  |
| I am able to contribute (You may tick more than | te to this/these area(s): |                                |  |
| □ events in school                              | □ handicrafts □ c         | □ cooking / baking             |  |
| □ outdoor events                                | □ photography □ h         | □ hosting of overseas students |  |
| □ conduct workshop c                            | n topic:                  |                                |  |
| Others: (Please speci                           | y):                       | -                              |  |
|   |                           |                                |  |
|   |                           |                                |  |
| Signature:                                      | Date:                     |                                |  |