



福清会馆属校 FUTSING ASSOCIATION

培青学校 POI CHING SCHOOL

21 Tampines Street 71 Singapore 529067 Tel: 67856420 Fax: 67857198

## PARENT VOLUNTEER APPLICATION FORM

### SECTION A CHILD'S PARTICULARS

Name			
Birth Certificate No.		Date of Birth	
Year of Primary 1 Registration			

### SECTION B PARENT'S PARTICULARS

Particulars of Father			
Name	(Dr / Mr / Mrs / Mdm / Ms)		
NRIC No		Citizenship	
Occupation			
Residential Address			
Telephone	(R)	(O)	(HP)
Email Address			
Particulars of Mother			
Name	(Dr / Mr / Mrs / Mdm / Ms)		
NRIC No		Citizenship	
Occupation			
Residential Address			
Telephone	(R)	(O)	(HP)
Email Address			

### SECTION C AREA OF VOLUNTEER INTEREST

( You may tick more than one )

<input type="checkbox"/>	Library Duty	<input type="checkbox"/>	CCA / Coaching : _____(Game)
<input type="checkbox"/>	School excursions, field trips, outdoor lessons – Chaperons	<input type="checkbox"/>	IT Services / Support
<input type="checkbox"/>	School functions like Sports Day, Teachers' Day, Children's Day	<input type="checkbox"/>	Science Projects
<input type="checkbox"/>	Assist in remedial programmes for English	<input type="checkbox"/>	Recess Duty
<input type="checkbox"/>	Assist in remedial programmes for Mathematics	<input type="checkbox"/>	Others
<input type="checkbox"/>	Road Crossing Duty		

### SECTION D AVAILABILITY

Please give details on days & time available:

With effect from 2010 Primary One Registration Exercise , a child whose parent has given at least 60 hours of voluntary service to the school in the 12 months before admission may enjoy priority registration under Phase 2B. Balloting will be conducted should the number of applicants exceed the number of vacancies in any phase.

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Signature of Applicant / Date