

PARENT SUPPORT GROUP APPLICATION FORM

Name of School: EAST COAST PRIMARY SCHOOL																			
Address of School: 8, CHAI CHEE LANE, SINGAPORE 469031			Tel. No.: 6244 7652																
Name of Parent:																			
Occupation:	Race:	Age:	Date of birth:																
Residential Address:			Tel. No.:																
			Hp. No.:																
Name and Classes (with year) of Child/ Children in School:																			
1) _____ (P _____ / _____)																			
2) _____ (P _____ / _____)																			
3) _____ (P _____ / _____)																			
4) _____ (P _____ / _____)																			
5) _____ (P _____ / _____)																			
Availability (Please tick day or period of time you would be available to assist the school.)																			
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Monday</td><td><input type="checkbox"/></td></tr> <tr><td>Tuesday</td><td><input type="checkbox"/></td></tr> <tr><td>Wednesday</td><td><input type="checkbox"/></td></tr> <tr><td>Thursday</td><td><input type="checkbox"/></td></tr> <tr><td>Friday</td><td><input type="checkbox"/></td></tr> </table>		Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>7.30 a.m. – 8.00 a.m.</td><td><input type="checkbox"/></td></tr> <tr><td>1.45 p.m. – 2.30 p.m.</td><td><input type="checkbox"/></td></tr> <tr><td>Other time</td><td><input type="checkbox"/></td></tr> </table>		7.30 a.m. – 8.00 a.m.	<input type="checkbox"/>	1.45 p.m. – 2.30 p.m.	<input type="checkbox"/>	Other time	<input type="checkbox"/>
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Other time	<input type="checkbox"/>																		
		(From _____ to _____)																	
Areas that you would like to assist the school in. (e.g. tutoring, sports/games etc.)																			
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Others	
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(Please specify: _____)

Signature of Parent:

Date: FOR OFFICIAL USE