

CCHMS Parent Support Group (PSG) Enrolment Form for the Year 2019

Member's Particulars:

Name : _____ Gender: Male / Female*

Name of Son / Daughter*: _____ Class : Sec _____

Relationship : Father / Mother / Guardian*

Occupation : _____

Handphone No. : _____

Email Address: _____

I am interested in the following activities (you can tick more than one):

I would like to be kept informed about PSG activities and school events.

I would like to be in my child's class networking list via whatsapp chatgroup.

I would like to volunteer as the class PSG Network Coordinator (PNC). (1 PNC per class)

I would like to help out in other school activities (e.g. as a chaperone for school field trips)

I would like to give a talk to students / parents *.

Topic of talk: _____

I would like to contribute to the school in my area of expertise.

Area of expertise: _____

I would like to join the Fathers@CCHMS and be kept informed about the activities.

Name of Father: _____

Email Address: _____

Handphone No. _____

* Please delete accordingly