

MARSILING PRIMARY SCHOOL

31 WOODLANDS CENTRE ROAD SINGAPORE 738927
 TEL: 62696193 FAX: 62699050 E-MAIL: marsiling_ps@moe.edu.sg
 Website: www.marsilingpri.moe.edu.sg



Every Marsilian is a Self-Directed Learner, a Compassionate Leader & a Thinking Citizen

Parent Volunteer Registration Form 2013

Name of Child:	Class :
No. of Older Siblings:	No. of Younger Siblings:



Father's Particulars	Mother's Particulars
Name:	Name:
Occupation :	Occupation :
Handphone No : Other Contact No:	Handphone No : Other Contact No:
Email Address :	Email Address :
Days of Commitment: Weekdays () ad-hoc basis () Remarks : _____	Days of Commitment: weekdays () ad-hoc basis () Remarks : _____
Address:	



Physical Fitness



Please tick (✓) accordingly the Areas of Interest/Skills which you would like to contribute in:

No	Interests / Skills	Father	Mother
1	Learning Journey		
2	Community Involvement Project		
3	School Events – Racial Harmony Day, Teacher's Day, etc		
4	Dad for Life Project		
5	"I can" programme		
6	Reading Buddy Language please specify: _____		
7	Performing on Stage as MC/Sing/Dance/Act		
8	Graphic Design for school Learning Walls		
9	Teaching / Training for pupils or adults Please state area of specialization: _____		
10	Administrative Support		
11	Other interests/skills not listed above. Please provide details: _____ (eg. Make-up/Hair Stylist etc)		

The school will get in touch with you once we received the Registration Form.

Signature of Parent

Date