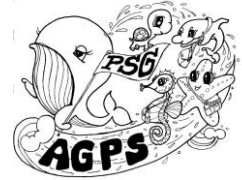




AGPS PARENT SUPPORT GROUP MEMBERSHIP FORM 20__



A. Parent's information

Name	
Occupation	
Address	
Email Address	
Telephone (H/O/Hp)	
Preferred Contact	Email / Mobile / Both (please circle)
Area of interest/ Expertise	

B. Child(ren)'s Information (Currently Studying in AGPS, Class in Year 20_)

1 st Child	
Name	
Class	

2 nd Child	
Name	
Class	

3 rd Child	
Name	
Class	

4 th Child	
Name	
Class	

C. Involvement

The PSG is involved in a number of activities in the year, in support of the school. Please let us know how you would like to contribute, so that the PSG may contact you accordingly.

- I am able to contribute my time for school activities or events in general.
- I am able to share my expertise/ area of interest (Pls elaborate _____)
- I am unable to contribute my time as I am a full-time working parent. However, please keep me updated and I will see how best I can help.

Thank you for joining us.

Signature of PSG Member / Date

D. Activities I am keen to contribute in (please tick in the last column)

Activity	Interested (Pls tick)
PAL P1	
PAL P2	
Lifeskills P1	
Lifeskills P2	
Lifeskills P3	
Water Education	
Health and Fitness Week	
Music and Art Celebrate (MAC)	
Everyone can play music (Unplugged Friday)	
Lower Primary Sports Day	
Learning Journeys	
Reading Mums	
Maths Trail P1	
Maths Trail P2	
Maths Trail P3	
Maths Trail P4	
Maths Trail P5	
Maths Trail P6	
Creative Science Innovators Programme	
Art Display	
Library Week	
NE Events TDD, RHD	
Festive Celebrations	
Any others (Please specify) _____	