



AGPS PARENT SUPPORT GROUP MEMBERSHIP FORM 20__



A. Parent's information

Name	
Relationship to Child(ren)	Father / Mother / Guardian (please circle)
Email Address	
Contact Number	
Preferred Contact	Email / Mobile / Both (please circle)

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	

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.
(Please 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.

Please note that your contact number will be used by PSG for communication of activities mainly through Whatsapp group chats.

Thank you for joining us.

Signature of PSG Member / Date