



TANJONG KATONG PRIMARY SCHOOL

860 New Upper Changi Road, Singapore 467353

Tel: (65) 63444728 Fax: (65) 63445370

<http://www.tanjongkatongpri.moe.edu.sg/>

Annex 1

Dear Parent,

Thank you for choosing to serve in TKP as a Parent Volunteer (PV). Volunteering enables parent to know the school better, and helps to prepare their child for Primary 1. Before you sign up with us, please read the following.

Submission of the application form to the school does not imply that the application has been selected for PV Scheme. Only parents found suitable for the PV Scheme will be notified.

It is the responsibility of the selected parents to ensure that they meet the required 40-hours of service by 30 June 2019. The school shall not be held responsible in the event that an applicant fails to do so.

Parents applying to join the 40-hour PV scheme should satisfy themselves that they want to contribute meaningfully to the school and are able to commit the time, as volunteering may entail personal sacrifice and adjustment to personal commitment.

The school hopes that all parents understand that while MOE gives priority to P1 Registration to encourage service to the school and its community, it does not guarantee a place in school.

Thank you for your interest in Tanjong Katong Primary School.

Regards

Mr Ong Kong Seong
Administration Manager

PHASE 2B PARENT VOLUNTEER APPLICATION FORM

(A) Child's Particulars

Name:	Date of Birth:
Birth Certificate No / UIN:	Citizenship: *Singapore Citizen / Singapore PR <i>*Kindly delete accordingly</i>

(B) Parent's Particulars

	Father (Applicant 1)	Mother (Applicant 2)
Name (as in NRIC): (Dr / Mr / Mrs / Mdm / Ms)		
NRIC No:		
Citizenship:		
Nationality:		
Academic Qualification:		
Name of Educational Institution:		
Email:		
Contact No:	(H): _____ (O): _____ (HP): _____	(H): _____ (O): _____ (HP): _____
Occupation:		
Hobbies/Interest/ Skills:		
Residential Address:		

(C) Availability of Volunteering

No. of times per week		No. of hours per week	
Available days (Please circle the days that you are available to serve)	M / T / W / T / F / S	Timing (Please circle the period of the day that you are available to serve)	AM / PM

(D) Other Remarks (if any):

Signature of Applicant(s) : _____ Date: _____
: _____

For Official Use

Documentation submitted verified by: _____
(Name and Signature of Administration Manager)

Application accepted by: _____
(Name and Signature of VP)