

## XINMIN PRIMARY SCHOOL

9 Hougang Avenue 8 Singapore 538784 Telephone: 62835479 Fax: 62880334

Website: http://www.xinminpri.moe.edu.sg/

Vision: Every Xinminite, a confident citizen of character, ready for the future Mission: Nurturing the hearts and minds of Xinminites for a changing world

Parent Volunte	er Applicat	ion Form (Feb	2023 - June 2024)		
Name of Father (as in NRIC) :					Colour
NRIC No. & Colour / Re-entry Permit No.:					Photograpl of Father
Validity date (for Re-entry Permit only): _			·		
Email:					
Mobile No. : Occupation :					
Name of Mother (as in NRIC) :					
NRIC No. & Colour / Re-entry Permit No.	:				Colour
Validity date (for Re-entry Permit only): _					Photograph
Email:					of Mother
	Occupation :				
Address:					
				)	
Contact No. (Home):					
Name of Child	*Gender	*Citizenship	Birth Certificate No. Re-entry Permit No		Re-entry Permit validity date
1	M/F	SC / PR			randity date
2	M/F	SC / PR			
<ol> <li>Child must be a Singapore Citize</li> <li>A photocopy of your child's birth of NRIC and Re-entry permit for all application.</li> <li>Applications will not be processed</li> </ol>	certificate (a Singapore F	nd Singapore ( Permanent Res	Citizenship Certificate	nitted to	ogether with this
I understand that my term of service will be eligible for Phase 2B of the Primary O does not guarantee my child a place in the	ne Registrat		·		

Contact Number (Mobile)

Name and Signature of Parent / Date

- Please (1) write legibly on the application form
  - (2) ensure that every section in the application form is filled up. 'NA' or 'NIL' return is necessary.
  - (3) check that all required documents are submitted together with the application form

•		nitted together with the application form			
	nool General Office by <b>31 M</b>				
(4) Finally do check the	at you have signed on Page	es 1 & 2 of the Application Form.			
Thank you.					
Area of Duty : Road Safety					
<b>Duty Time</b> : 6.50 am - 07.50 am		*Reporting Time for Duty: 6.45 am.			
Frequency: 1 hour per session	n.				
Details of Duties: To ensure	the safety of our students w	hen crossing the road.			
Please indicate with a tick o	r cross				
( ) I would like to be a group leader to coordinate the PVs in my group.					
Name of Main Parent Voluntee	er:				
Contact Number (s)	:				
E-mail Address	:				
Signature(s)	:				