The school and PSG would like to extend our invitation to you to join in this meaningful partnership.

Kindly fill-in the following:

Name of Parent:(Mr/Mrs/Ms/Ma	Name of Student: adam/Dr)	Class:
Mobile: H	łome:	
Email:		
Consent Clause:- By submitting this Form and joining S1 Level Chat Group, I/we hereby agree that Parent Support Group (PSG), Presbyterian High School may collect and use my/our personal data that I/we have stated in this Form for the purpose of sending information/details/updates regarding the school/PSG/Ministry of Education activities/events/policies, and related information on activities/events organised/co-organised by the school/PSG.		
YES, I CAN HELP !		
(Kindly return this form to your chi	ild's Form Teacher)	
Volunteer for Event (may refer	r to the List of Past Events):(name o	of event and month)
	nar for students/parents. Kindly specify	
Other area of interest. Kindly s	specify	