

The Deyian Parent

Parent Support Group (PSG)

ABOUT YOURSELF (please write in CAPITAL LETTER)	
Name:	
Mobile No:	
Email:	
Occupation (Optional):	

ABOUT YOUR CHILD		
Relationship to Child:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
	Name of Child	Class
1		
2		

PLEASE TICK THE FOLLOWING	
<input type="checkbox"/>	I would like to receive invitation to: a) Watch student performance in school b) Attend parenting talk, parents networking events
<input type="checkbox"/>	I would like to volunteer to help in PSG activities.
<input type="checkbox"/>	I would like to: a) Join the class communication group for parents. b) View photos and videos of school events in the facebook - Deyi Secondary PSG

Please submit this form to PSG booth.
You may also email this form to deyisspsg@gmail.com

THANK YOU :)