

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
Mobile No. :				
Address:				
Contact No. (Home):				
Name of Child	*Gender	*Citizenship	Birth Certificate No. /	Re-entry Permit
1	M/F	SC / PR	Re-entry Permit No.	validity date
2	M/F	SC / PR		
			<u> </u>	
Please Note:				
1. Child must be a Singapore Citizer	n/Permanen	nt Resident at ti	me of application	
2. A photocopy of your child's birth of	certificate (a	ınd Singapore (Citizenship Certificate if a	ny), both parents'
NRIC and Re-entry permit for all sapplication.	Singapore P	Permanent Res	idents must be submitted	I together with this
3. Applications will not be processe	d for incom	plete forms and	d/or incomplete required	documents.
I understand that my term of service will I	ha fram Ma	. 2022 2024 v	with a minimum of 40 hou	ure to be alcohold to
be eligible for Phase 2B of the Primary Or	•		·	
does not guarantee my child a place in the	ne school.			

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 31 M			
(4) Finally do check that	at you have signed on Page	es 1 & 2 of the Application Form.		
Thank you.				
Area of Duty : Road Safety				
Duty Time : 6.50 am - 07.50 am		*Reporting Time for Duty: 6.45 am.		
Frequency: 1 hour per sessio	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	ər:			
Contact Number (s)	:			
E-mail Address	:			
Signature(s)	:			