



Raffles Girls Primary School Parent Volunteer Group (PVG)

MEMBERSHIP APPLICATION FORM

NOTE: Only Parents whose child is studying or has previously studied in RGPS can join and be Member of the RGPS Parent Volunteer Group.

GENERAL INFORMATION

1. Membership Type (Please tick one)

i. Ordinary Member

- a. Applicable for Parents whose child is currently studying in RGPS
- b. Fees is at S\$10 per child per year and payable in full from the current year which the child is in up till she reaches Primary 6 (Example: if child is in Primary 3 this year, you pay a one-time contribution of \$40 in total)
- c. Below are your reference for the fees payable base o the current level your child is in:

Primary 1 (\$60)	Primary 2 (\$50)	Primary 3 (\$40)
Primary 4 (\$30)	Primary 5 (\$20)	Primary 6 (\$10)

ii. Associate Member

- a. Applicable for Parents whose child has previously studied and completed her education in RGPS till Primary 6
- b. Membership fees are based on a yearly contribution of \$10 or more (Please indicate your amount of contribution here: _____)

2. Completed Application Form with payment can be forwarded to PVG through the following ways:

- i. By direct submission to the School Reception in the General Office
- ii. By mail (DO NOT send cash by mail). Please send to :-

RGPS Parent Volunteer Group
21 Hillcrest Road
Singapore 289072

3. Payment Method

- i. Fees can be paid in CASH of CHEQUE
- ii. For CHEQUE payment, please write payable to "RAFFLES GIRLS' PRIMARY SCHOOL PARENT VOLUNTEER GROUP"
- iii. Your payment must be attached with the duly completed application form below.

4. Please allow us 21 days to process the application and a soft copy of the receipt for the fees will be issued and e-mailed to you upon acceptance of application.

5. Membership fees are non-refundable if your child leaves RGPS subsequently before she completes her Primary 6 education.

6. PVG reserves the right to reject any application

7. If you have more queries on the Membership, please e-mail us at enquiry@rgpspvg.org



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Member's Particulars	
Full Name:	
I/C or Passport No.	
Address:	
Email: (Please print your email address clearly)	
Contact:	Home _____ Mobile _____ Office _____
Children's Particulars	
1 st Child	
Name:	
Birth Certificate No:	
Current Level of Child and fees applicable: (Please tick one)	<input type="checkbox"/> Primary 1 (\$60) <input type="checkbox"/> Primary 2 (\$50) <input type="checkbox"/> Primary 3 (\$40) <input type="checkbox"/> Primary 4 (\$30) <input type="checkbox"/> Primary 5 (\$20) <input type="checkbox"/> Primary 6 (\$10) <input type="checkbox"/> Graduated from School (Year of Graduation: _____)
2 nd Child	
Name:	
Birth Certificate No:	
Current Level of Child and fees applicable: (Please tick one)	<input type="checkbox"/> Primary 1 (\$60) <input type="checkbox"/> Primary 2 (\$50) <input type="checkbox"/> Primary 3 (\$40) <input type="checkbox"/> Primary 4 (\$30) <input type="checkbox"/> Primary 5 (\$20) <input type="checkbox"/> Primary 6 (\$10) <input type="checkbox"/> Graduated from School (Year of Graduation: _____)

If you are paying by cheque, please write payable to "Raffles Girls' Primary School Parent Volunteer Group". Please write your Name, Contact No. and Indicate "PVG Membership Fees" at the back of the cheque.

Please indicate below information:-

Bank/Cheque No.: _____ Total Amount Paid: \$ _____



Raffles Girls Primary School Parent Volunteer Group (PVG)

I hereby agree and consent that RGPS Parent Volunteer Group may collect, use, disclose and process my personal information set out in this form and such other information as may be provided by me from time to time in order for RGPS Parent Volunteer Group to manage my membership with them; to facilitate communication with them for their activities and that my personal information may be disclosed to other members of RGPS Parent Volunteer Group where it is necessary in order for the said activity to be take place.

I understand that my personal information will be kept confidential and secure; and that my personal information will not be released otherwise without my prior consent.

I wish/do not wish to be on the email mailing list for information from RGPS Parent Volunteer Group. (Please delete accordingly)

Member's Name and Signature

Date of Application

For Official Use

Membership Number : _____

Payment Mode : Cheque Cash

Amount Received : \$ _____

Verified by (PVG EXCO) : _____

Additional Remarks:

