

PARENT SUPPORT GROUP APPLICATION FORM



உமறுப்புலவர்
தமிழ்மொழி நிலையம்
UMAR PULAVAR TAMIL LANGUAGE CENTRE

Particulars of Parent Volunteer

Name		
Occupation (Optional)		
Contact	Tel:	Handphone:
E-Mail Address		
Hobbies / Specialized Skills (e.g. baking, photography, design)		

Particulars of Child/children in UPTLC

Name and Classes (with year) of Child/ Children in School:

- 1) _____ (Sec _____ / _____)
- 2) _____ (Sec _____ / _____)
- 3) _____ (Sec _____ / _____)

Availability (Please tick day or period you would be available to assist the school)

Monday		11.00 a.m. –2.00 pm.	
Tuesday		2.00 p.m. –5.00 p.m.	
Wednesday		Saturday((From _____ to _____)	
Thursday		Other time (From _____ to _____)	
Friday			

Areas that you would like to assist the center in (e.g. reading programme, library, sports/games etc.) Please tick (✓) the areas you are interested in volunteering

Reading Programme Library Learning Journey

Events (e.g. Tamilfest 2018,,Lang and Cultural Camp 2018)

Garland Making (e.g. conducting workshops/sessions for students)

Dance (e.g. Bharathanatyam, Folk dance, Kathakali, kolattam)

Kolam (e.g .making kolam or rangoli for events)