

Name of Parent/ Carer/Grandparent: _____

Contact Telephone No.: _____

Email: _____

Student/s: _____

Year Level: _____

Please indicate the area/s you are willing to help in. ☒

☐ Administration (Filing, Laminating, Invitations, etc.)

☐ Canteen (Food preparation, Food Service, etc.)

☐ Perpetual Motor Skills Program (PMP) – Kindergarten and Pre-Primary

☐ Classroom Assistance – Year 1 to Year 6 (In-class activities)

☐ Excursions

☐ Events (Set-up, Decorate, Pack-up, etc.)

☐ Library (Cover books, etc.)

☐ Sports (Coaching, etc.)

☐ Other (Exam invigilation, Bus Driver's License, etc.) Please list:

☐ I am unable to help at the moment.

Thank you for partnering with us.