



PARENT SUPPORT GROUP CLEMENTI TOWN SECONDARY SCHOOL

Welcome To CTSS!

Join CTSS PSG and Be Part of Your Child's Secondary School Life!

Objectives of Parent Support Group (PSG): <ul style="list-style-type: none"> Enhance parent-child relationship and bonding Provide a platform for parents to network and to get to know their children's classmates and teachers Encourage and support the teachers and students through participation in their organized activities Create opportunities for parents to make friends and have fun through participation in school activities / celebrations and social outings 	Quotes from Parents: <ul style="list-style-type: none"> Joining the PSG has widened my horizon on aspects of parenting. I get to know my son's teachers and classmates and better understand what my child is doing at school and his CCA activities. I become a more caring parent as I could appreciate the challenges and stress faced by my child. My child has no problem sharing with me about her school life.
	Quotes from Students: <ul style="list-style-type: none"> My mum understands what I have told her about my teachers, my class and all the happenings in the school. My dad knows exactly what the upcoming school events such as my exams are. I can always depend on him. I am proud that my mother is a committed PSG member. I know she joins PSG because she cares for me.

PSG Membership Registration Form

As a PSG member, you will receive invites to our quarterly PSG meetings where school leaders and parents come together to provide updates and feedback. You will also receive information on school and PSG events through our official level chats via WhatsApp (please provide us with your email address and mobile phone number).

Child's Particulars		
Full Name :	Class : CCA :	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Race : <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Other (please specify) _____		
Parent's/Guardian's Particulars		
Name : Mr/Mrs/Mdm	Relationship to child : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others (please specify) _____	
Mobile # :	Home / Office # :	
Email Address :		
Occupation :	Signature :	

Are you a member of the Parent Support Group in your child's primary school?

Yes / No * (Delete where appropriate.)

** Please visit our PSG portal or Facebook for the latest information:



<https://clementitownsec.moe.edu.sg/partners/parent-support-group-psg>



<https://facebook.com/Clementi.Town.Sec.Sch.PSG>



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