

**PARENTS TEACHERS ASSOCIATION**

**REGISTRATION FORM**

 The Parent Teacher Association at Chennai Medical College Hospital & Research Centre to provide support and resources to the college for the benefit and educational growth of the children; to develop a cooperative working relationship between the parents and staff of the college; to develop parent leadership and build capacity for greater involvement; to foster and encourage parent participation on all levels; and to provide opportunities and training for parents to participate in college governance and decision- making.

1. I would like to register with the Parent Teacher Association

 Parent Name 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Name 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Graduation Level: **UG / PG**

2. I would like to contribute a voluntary donation

 Attached: Cash, Demand Draft or cheque payable to:

 Chennai Medical College Hospital & Research Centre*,* Amount: Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I would like to join the Parent Teacher Association email distribution list

 Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I give permission to the college to share my contact information with the Parent Teacher

 Association.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_