



# WOODLANDS RING PRIMARY SCHOOL

11 WOODLANDS RING ROAD, SINGAPORE 738240

TEL: 6364 3679 FAX: 6364 3490

Email: [wrps@moe.edu.sg](mailto:wrps@moe.edu.sg)

Website: <http://www.woodlandsringpri.moe.edu.sg/>

Parent circular: 44/16

28 January 2016

Dear Parent/Guardian,

## **4 DAYS 3 NIGHTS TRIP FOR INTERNATIONAL EXPERIENCE TO KOTA KINABALU, SABAH, MALAYSIA**

The school is organizing an overseas learning journey for Primary 5 pupils who have shown good academic performance and conduct in school.

The objectives of the overseas learning journey are as follows:

- \* To increase the knowledge of our pupils of the world beyond Singapore;
- \* To heighten our pupils' interest in what goes on in other parts of the world;
- \* To create awareness amongst our pupils of the way of life and the values and beliefs of people from other countries;
- \* To make our pupils more aware of what it means to be a Singaporean and
- \* To increase our pupils' sense of belonging to Singapore

I am pleased to inform you that your child/ ward \_\_\_\_\_ of Primary 5 \_\_\_\_\_ has been identified to go on a 4-day 3-night school immersion in Kota Kinabalu, Sabah, Malaysia from 6 March 2016.

The pupils will be involved in an immersion programme with a school in Kota Kinabalu. They will not be involved in any adventure activities.

### **Payment and form submission**

Each Singaporean will only be required to pay **approximately \$200.00** in **cash** after a subsidy of 20% from the Pupil Fund and 60% from the TIE fund.

Please submit the following items to the teacher-in-charge by Monday, 01 /02/ 2016. Kindly adhere to the date stated.

1. Photocopy of passport ( Minimum 6 months before expiry date )
2. Acknowledgement Slip to this letter
3. Activity Readiness Questionnaire

All pupils going for the trip are strongly encouraged to go for a vaccination for influenza as a measure of precaution. Charges of the vaccination will have to be paid by the individual pupil.

We will organize a Parents' Briefing and a Question & Answer session at a later date to brief parents regarding the trip. This will cover issues pertaining to transport, activities held, safety procedures and other issues.

Please note that in the event of unforeseen circumstances, the trip might be cancelled in the best interests of our pupils. Thank you.

Partner in education,

Mdm Siti Mazni  
SH TIE/ VIA

cc: Miss Chiam Lee Meng,  
Principal



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## Acknowledgement Slip

To: The Teacher-In-Charge

### 4 DAYS 3 NIGHTS TRIP FOR INTERNATIONAL EXPERIENCE TO KOTA KINABALU

Pupil's Name: \_\_\_\_\_ ( ) Class: Primary 5 \_\_\_\_\_

I hereby:

1. Acknowledge receipt of the letter dated 28 January 2016.
2. allow / do not allow\* my child to participate in the above trip.
3. My child/ward's passport is **\*(valid / invalid)** for at least 6 months from 1 February 2016.  
*(If your child's passport is invalid for at least 6 months from 1.2.2016, please renew it as soon as possible.)*

Name of Parent/Guardian\*: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact No.: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

*\*Please delete accordingly*

#### A) PERSONAL PARTICULARS

Name in Block Letters: \_\_\_\_\_ Class: \_\_\_\_\_

*(According to Passport)*

BC No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: F / M

Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Religion: \_\_\_\_\_ Blood Group: \_\_\_\_\_

#### B) CONTACT DETAILS

Residential Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Person (Please provide at least one contact person):

No	Name of Next-of-Kin	Relationship to Pupil	Contact No
1			
2			





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## 4 DAYS 3 NIGHTS TRIP FOR INTERNATIONAL EXPERIENCE TO KOTA KINABALU

### ACTIVITY READINESS QUESTIONNAIRE

Full Name (in BLOCK LETTERS): \_\_\_\_\_ Class: Primary 5 \_\_\_\_\_

Please **circle** the appropriate response, Yes or No (Y /N). The information you provide will allow us to modify or to pay special attention to your child / ward during the trip.

1	Has your child/ward ever had any injury, illness, back or joint condition that may be aggravated by vigorous exercises or activities?  If yes, please specify:	Y / N	If 'YES',  Please check with your doctor before participating.
2	Has your child/ward ever had: Arthritis, Asthma, Diabetes, Epilepsy, Hernia, dizziness, or circulatory problems?  If yes, please specify:	Y / N	
3	Has your child/ward ever had a heart condition, high blood pressure, rheumatic fever, stroke, high cholesterol, palpitations, murmurs and pains in the chest?  If yes, please specify:	Y / N	
4	Is your child currently taking any prescribed medication?  If yes, please specify:	Y / N	
5	Is there any other condition that might be reason to modify/restrict your child/ward's participation in this programme?  If yes, please specify:	Y / N	

**Please note: Only Halal food will be served. Beef will also NOT be served.**

