



30 April 2008

Dear Parents/Guardians,

**TERM 2 OUTING – SCIENCE CENTRE**

The Term 2 outing for our lower Primary (P1-P3) and Track 3 students will be a discovery outing to the Science Centre.

This educational outing aims to provide students with hands-on multi-sensory learning opportunities to concepts like matter, ecology and health. Students will also experience process tasks such as map-reading and tracing their routes.

Details are as follows:

Date	<b><u>21 May 2008, Wednesday</u></b>
Arrival & Dismissal	<b><u>Usual School Hours Apply</u></b> <ul style="list-style-type: none"><li>• 7.50 am (Assemble in School Hall)</li><li>• 1pm (Dismissal from School Hall)</li></ul>
Attire	School Uniform <ul style="list-style-type: none"><li>• White Polo-T-shirt, shorts/skorts</li></ul>
What to bring	<ul style="list-style-type: none"><li>• Pencil case</li><li>• Snacks and water bottle</li><li>• Cap</li><li>• Raincoat</li></ul>

Kindly complete the consent form and submit it to the class teacher by **9 May 2008, Friday.**

We believe your child's participation in the outing will greatly enrich and benefit his/her learning journey.

Yours sincerely,

Ms Linda Kho  
Principal

Cc Ms Denise Phua, School Supervisor, Pathlight School Board  
Ms Loy Sheau Mei, Vice-Principal  
Ms Wong Yeok Lin, Track 3 Track Head  
Ms Alina Chua, Head, Outreach Therapy Services  
Ms Teh Tsui Tsui, Student Affairs Manager  
Mr Jason Kwek, Operations  
All Lower Primary & Track 3 teachers

**CONSENT / INDEMNITY FORM**

Pathlight School requests your confirmation and acceptance of your child's participation in the following programme / activity:

Name of programme / activity : Science Centre Singapore

Purpose : Term 2 Outing

Date : 21 May 2008, Wednesday

Time : Normal School Hours

Name of Child : \_\_\_\_\_

Class : \_\_\_\_\_

Name of Parent : \_\_\_\_\_

I **allow** my child to participate in the above activity. I know that Pathlight School will do its best to ensure the safety and well-being of the children. However, in the event of any accident occurring, I shall not hold Pathlight School responsible and neither will I allow or take any legal action and / or make any claims against the school, its teachers or the organizers of the activity.

\_\_\_\_\_  
Signature of parent / guardian

Relationship to child : \_\_\_\_\_

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

Telephone no. in case of emergencies: \_\_\_\_\_