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Woodlands Primary School

Reference: 32 / 2018

8 February 2018

Dear Parents/ Guardians,

P4 LEARNING JOURNEY 2018 – ART IN THE CITY: BOAT QUAY

- 1 As part of the school's commitment to enrich pupils' learning in the visual arts, the school is organising a learning journey to the civic district for all P4 pupils. This guided tour will take pupils on a walking trail around the Singapore River, providing exposure to public artworks that are relevant to Singapore's heritage, as well as newly commissioned artworks by the Public Art Trust.
- 2 Pupils will leave school at 12.30 p.m. and are expected to be dismissed from school by 4.30 p.m. **Please make your own transport arrangements for your child/ward upon dismissal from school.** The schedule is as shown below.

Date	Class
7 March 2018, Wednesday	Adaptability 1
8 March 2018, Thursday	Adaptability 6A Adaptability 6B
9 March 2018, Friday	Adaptability 5

Date	Class
21 March 2018, Wednesday	Adaptability 4
22 March 2018, Thursday	Adaptability 3
23 March 2018, Friday	Adaptability 2

- 3 On the day of their learning journey, the pupils will be given a lunch break at 11.50 a.m.
- 4 Pupils are to bring along a small sling bag with a cap, water bottle, umbrella or poncho, pencil and an A4-size clipboard for this learning journey.
- 5 We seek your support and consent to allow your child/ ward to participate in this learning journey. Please complete the consent form and return to the form teachers by 12 February 2018. Do feel free to contact the form teacher, art teacher or contact our General Office at 62697410 should you need any clarification.

Thank you.

Yours sincerely

Komathi Jayaraman
Subject Head Aesthetics

Consent Form

P4 LEARNING JOURNEY 2018 – ART IN THE CITY: BOAT QUAY

I, parent/guardian of _____ (pupil's name)
of class _____ ***allow/ do not allow** my child/ ward
to participate in the above-mentioned activity. I am aware that I have to make my
own transport arrangement for my child/ward upon dismissal from school at 4.30pm

* Please delete accordingly.

Medical History (if any) eg. allergies, illness, G6PD etc.	
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Parent's/Guardian's Name : _____

Parent's/ Guardian's Signature: _____

Contact Number: _____