



PUNGGOL GREEN PRIMARY SCHOOL
Every PGPS Student, A Future-Ready Leader
Engaging Learners, Nurturing Leaders, Empowering Glvers
98, Punggol Walk, Singapore (828772)
<http://www.punggolgreenpri.moe.edu.sg>

Learning Clinic by Allied Educators

PGPS/17/06/02

27th June 2017

To: Parents/Guardians

This is to inform you that the school will be organizing the following activities and we are seeking your consent for your child/ward to attend the activities as indicated in the table below:

29 th June 2017 2.15pm to 4.30pm	6 th July 2017 2.15pm to 4.30pm	13 th July 2017 2.15pm to 4.30pm	20 th July 2017 2.15pm to 4.30pm
Primary 3A and 3B	Primary 3G and 3H	Primary 3E and 3F	Primary 3C and 3D

Learning Clinic aims to equip your child with the following strategies to help in his/her studies:

- 1) All Geared-up: moving from extrinsic motivation to intrinsic motivation
- 2) Reach up: setting SMART goals
- 3) Routine matters: creating of timetable

Additional remarks (if any): Students who are not in Student Care will need to bring money for their lunch in the canteen.
For those taking the school bus, you will have to make your own arrangements with regard to picking up your child/ward after the Learning Clinic programme.

Kindly complete the reply slip below and return it to your child/ward's form teacher by Wednesday, 28th June 2017.

Thank you.

Yours faithfully,

Ms Atina, Learning & Behavioural Support Officer

Ms Ying, School Counsellor

REPLY SLIP (for Learning Clinic by Allied Educators)

To : Ms Ying/Ms Atina

Name of student: _____

Class : _____

I have received your notice dated 27th June 2017 and the contents are noted.

29 th June 2017 2.15pm to 4.30pm	6 th July 2017 2.15pm to 4.30pm	13 th July 2017 2.15pm to 4.30pm	20 th July 2017 2.15pm to 4.30pm
Primary 3A and 3B	Primary 3G and 3H	Primary 3E and 3F	Primary 3C and 3D

I **allow** my child/ward to participate in the activities as indicated in the table above.

I do not **allow** my child/ward to participate in the activities in the table above.

My child will be dismissed via

THK Student Care ACE@Work Schoolcare

Fetched by _____ Going home by himself/herself

Name of parent/guardian*: _____ (*Please delete accordingly.)

Signature : _____

Date: _____

Emergency Contact Details:

Person to contact : _____

Relationship to student : _____

Contact Number : _____