



## PUNGGOL GREEN PRIMARY SCHOOL

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

Ref: PGPS/17/08/02

7 August 2017

Dear Parents/Guardians,

### Primary Three Learning Journey to Changi Airport Terminal 3

The school will be organizing a learning journey to Changi Airport Terminal 3 for our Primary Three students. The main objective of the learning journey is to provide an opportunity for our students to work collaboratively with their peers to complete Mathematics-related tasks in an authentic learning environment.

<b>Day/Date</b>	Tuesday, 22 August 2017	Thursday, 24 August 2017
<b>Classes</b>	Pr 3A, 3C, 3E and 3G	Pr 3B, 3D, 3F and 3H
<b>Time</b>	2.15 p.m. to 5.00 p.m. **Lessons will be as per normal from 7.35 a.m. till 1.35 p.m. Students will be dismissed for lunch at 1.35 p.m. Students who are not in student care will need to bring money for their lunch in the canteen. Alternatively, they may pack food from home for lunch. For students taking the school bus, parents will have to make their own transport arrangements.	
<b>Attire</b>	Full school uniform	
<b>Things to bring</b>	Small bag with water bottle and pencil	

### Cost

1. For non-Singapore Citizens, you will be required to pay via cash/cheque at the school counter.
2. Singapore Citizens who opted out of Edusave withdrawal will also be required to pay cash/cheque at the school counter.
3. Cost of this Learning Journey is \$3.50 per student. Payment must be paid prior to participating in the Learning Journey.

Please sign and return the reply slip to the respective Form Teacher through your child/ward by Friday, 11 August 2017.

Thank you.

Yours Sincerely,

Mrs Seah Lay Tin  
Principal



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**REPLY SLIP (P3 LEARNING JOURNEY TO CHANGI AIRPORT TERMINAL 3)**

To \_\_\_\_\_ : Form Teacher

Name of student : \_\_\_\_\_

Class: Pr 3 \_\_\_\_\_

I have received your notice dated 7 August 2017 and the contents are noted. I hereby give consent for my child/ward to participate in this Learning Journey.

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

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

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

**Emergency Contact Details:**

Person to contact : \_\_\_\_\_

Relationship to student : \_\_\_\_\_

Contact Number : \_\_\_\_\_

**Mode of Dismissal:**

- THK Student Care
- School-based Student Care
- Fetched by \_\_\_\_\_
- Going home by himself/herself