



## 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/ 19/03/39

27 March 2019

### P1 LEARNING JOURNEY TO THE RIVER SAFARI

To: Parents/Guardians

In conjunction with the STELLAR book entitled "My River" and with our school's focus on environmental education, we will be going on a learning journey to the River Safari on **3, 4 & 8 April 2019**. This experience will provide students with the content ideas and language that will support their writing as part of the Modified Learning Experience Approach (MLEA).

At the River Safari, our students will learn about the different river wildlife as well as conservation issues like water pollution and deforestation. They will also be able to see the creatures found in the book "My River" to better relate to what they have read.

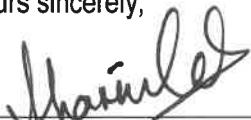
Day/Date	Wednesday, 3 April 2019	Thursday, 4 April 2019	Monday, 8 April 2019
Classes	P1C, 1D, 1E, 1I	P1F, 1G, 1J	P1A, 1B, 1H
Time	9 a.m. to 1 pm		
Things to bring	A small bag with <ul style="list-style-type: none"><li>• Water bottle,</li><li>• a storybook,</li><li>• insect repellent (for personal use) and</li><li>• a healthy snack</li></ul>		

**School hours are as per normal** and the students will attend lessons as usual before and after the learning journey. Do note that recess and lunch times may be adjusted accordingly.

Kindly complete the reply slip below and return it through your child/ward by **29 March 2019**.


Thank you.

Yours sincerely,



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Mrs Sharmilah Sheikh  
Teacher-In-Charge



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Mdm Renee Yuanna Sulaiman  
HOD English



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Register No.

**REPLY SLIP for P1 LEARNING JOURNEY TO THE RIVER SAFARI**

To : Form Teacher

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

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

I have received your notice dated 27 March 2019 and the contents are noted.

I **allow** my child/ward to participate in the learning journey and have noted the payment arrangements.

I do not **allow** my child/ward to participate in the learning journey.

**Emergency Contact Details**

Person to contact: \_\_\_\_\_ (\*Mother / Father / Other (please specify: \_\_\_\_\_))

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

**Medical Conditions/Allergies**

My child has no medical conditions/allergies.

My child has medical conditions/allergies. Please state: \_\_\_\_\_

Name of parent/guardian\*: \_\_\_\_\_

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

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

\*Please delete accordingly