



# Rivervale Primary School

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To Parents/Guardian

## SCHOOL ACTIVITY: P5 Transition Programme 2018

<b>Place of Activity</b>	Rivervale Primary School
<b>Date / Time</b>	12 January 2018 (Friday) / 2.30pm – 5.30pm 19 January 2018 (Friday) / 10.50am – 1.50pm (curriculum time)
<b>Person-in-Charge</b>	(YH) Mrs Angie Liu and (AYH) Mdm Aishah
<b>Contact Number</b>	63887450

Your child/ward \_\_\_\_\_ of Primary 5 \_\_\_\_\_ will be participating in the above-mentioned school activity. Objectives of the Programme are:

1. To build strong team identity among students (class-bonding)
2. To help students discover their personality constructs and develop the SEL competencies in Self-Management and Relationship Management skills
3. To help students apply transition skills e.g. mind-set, time management and academic resilience.

The cost is **\$23.10** per student (after school subsidy). If your child/ ward is a Singapore Citizen and you have established the Enrichment Programme Standing Order, payment will be deducted from his/ her account, subject to available balance. If your child/ ward is a non-Singapore citizen, please pay in cash or cheque.

Please acknowledge receipt of this notice by completing and returning the portion below to your child's/ ward's Form Teachers by Monday, 8 January 2017.

If the student is not able to attend this activity, a written explanation from the parent/guardian is required.

\_\_\_\_\_  
Name of Teacher-in-Charge / Signature

\_\_\_\_\_  
Principal's Signature

----- Please tear here -----

**[This portion to be returned to the school]**

### Acknowledgement Slip

#### School Activity: P5 Transition Programme 2018

<b>Student's Name</b>		<b>Class: P5</b> _____
<b>BC No.</b>		
<b>Date of Birth</b>		
<b>Contact Person [in case of emergency]</b>		
<b>Tel No.</b>	Home / HP : _____ Office : _____	

I, \_\_\_\_\_, parent/guardian of the above-named student, acknowledged receipt of this notice. I understand that the teachers/person-in-charge will do their best to ensure the safety and the well-being of every member of the group.

Remarks (if any): \_\_\_\_\_

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date