



5 May 2008

Dear Parents/Guardians,

**PRIMARY 3 STUDENTS' ADVENTURE FIELDTRIP TO EXPLORER KID**

We are delighted to inform you that your child has been selected to participate in an outing to Explorer Kid. This outing is organized in collaboration with Singapore Autism School.

Explorer Kid family park is the largest themed indoor playground in Singapore and has many fun and challenging play stations for kids such as, Lit Ball Pool, Mega Play and the Cave. The mystical forest theme is designed to transport students to a fantasy world of learning and discovery.

We are pleased to inform you that all costs for this outing will be borne by the School and the details are as follows:

**Parents to note:**

Date	<b><u>15 May 2008, Thursday</u></b>
Timing	<b><u>Usual School Hours Apply</u></b> <ul style="list-style-type: none"><li>• Usual lessons apply until 9am</li></ul>
Attire	PE Attire <ul style="list-style-type: none"><li>• PE T-shirt, shorts</li></ul>
What to bring	<ul style="list-style-type: none"><li>• <b>Snacks will be provided for this outing</b></li><li>• Water bottle</li><li>• Students on other special diet must bring their own snacks</li></ul>

Kindly complete the consent form and submit it to the class teacher by **9 May 2008, Friday.**

We believe your child's participation in the outing will greatly enrich and benefit his/her learning journey.

Yours sincerely,

Ms Linda Kho  
Principal

Cc Ms Denise Phua, School Supervisor, Pathlight School Board  
Ms Loy Sheau Mei, Vice-Principal  
Ms Alina Chua, Head, Outreach Therapy Services  
Ms Teh Tsui Tsui, Student Affairs Manager  
Mr Jason Kwek, Operations  
All Primary 3 teachers

**CONSENT / INDEMNITY FORM**

Pathlight School requests your confirmation and acceptance of your child's participation in the following programme / activity:

Name of programme / activity : Explorer Kid

Purpose : Field Trip

Date : 15 May 2008, Thursday

Time : 10am – 12pm

Name of Child : \_\_\_\_\_

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

Name of Parent : \_\_\_\_\_

I **allow** my child to participate in the above activity. I know that Pathlight School will do its best to ensure the safety and well-being of the children. However, in the event of any accident occurring, I shall not hold Pathlight School responsible and neither will I allow or take any legal action and / or make any claims against the school, its teachers or the organizers of the activity.

\_\_\_\_\_  
Signature of parent / guardian

Relationship to child : \_\_\_\_\_

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

Telephone no. in case of emergencies: \_\_\_\_\_

Please indicate if your child is on special diet: \_\_\_\_\_

