



23 October 2008

Dear Parents/Guardians,

DAILY LIVING SKILLS TRAINING FOR SECONDARY SCHOOL STUDENTS

A Daily Living Skills (DLS) Training programme will be organized for all Secondary School students.

These sessions aim to coach each student on the following Daily Living Skills.

1. Self-management	2. Community Living
<ul style="list-style-type: none"> Eating and drinking etiquette in various settings 	<ul style="list-style-type: none"> Safe Use of Public Restrooms

This is a compulsory activity as it forms an important part of your child's non-academic curriculum.

Date	4-5 November 2008 (Tuesday and Wednesday)
Assemble & Dismissal Point	Pathlight School Hall
Time	7:50am – 2:00 pm (usual school hours) - Training will be carried out in school. - Lunch for both days will be at a nearby Food Court or Mall. - Please ensure that your child has about \$5.00 for lunch on both days.
Attire	School uniform for both days

Kindly complete the consent form and submit it to the class teacher by 28 October 2008, Tuesday.

We believe your child will be enriched by this learning experience!

Yours sincerely,

Ms Linda Kho
Principal

Cc Ms Denise Phua, School Supervisor, Pathlight School Board
 Ms Loy Sheau Mei, Vice Principal - Academics
 Mrs Mary Gilbert, Secondary Level Track Head
 Mrs Teh Tsui Tsui, Student Affairs Manager
 Ms Chin Li Ming, Operations Manager
 Ms Alina Chua, ARC Outreach
 All Secondary School teachers



REPLY AND CONSENT FORM

Pathlight School requests your confirmation and acceptance of your child's participation in the Secondary School Learning Journey field trip:

Programme : **DLS Training Sessions**

Time : **7:50am – 2pm**

Date : **4 & 5 November 2008**

Name of Child : _____

Class : _____

Name of Parent : _____

I consent to my child's participation 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: _____

Please state any food allergies: _____

Date: _____

Telephone no. in case of emergencies: _____

* please delete accordingly