



CONSENT FORM

Date: 21 Aug 2018

To: Parents/Guardians of

This is to inform you that the school will be organising the following activity /activities for your son/daughter/ward _____ (Name of student) of **Basketball CCA**:

S/N	Activity	Date	Time	Venue
1	Basketball Training	4/09/2018 (Tuesday)	0830 – 1230 hr	WOODGROVE SECONDARY SCHOOL
2	Basketball Training	5/09/2018 (Wednesday)	0830 – 1230 hr	WOODGROVE SECONDARY SCHOOL

Thank you.



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Issued by: _____



Noted by: _____

Mr Lee Tze Hoong
Basketball Teacher-in-charge
Woodgrove Secondary School

Mr Jonathan Jong
HOD PE & CCA
Woodgrove Secondary School



REPLY FORM

To: Mr Lee Tze Hoong
Teacher-in-Charge

In the box, please indicate 'Yes' if you give consent and 'No' if you do not give consent.

S/N	Activity	Date	Time	Parent's Consent (please circle)
1	Basketball Training	4/09/2018 (Tuesday)	0830 – 1230 hr	Yes / No, Reason : _____
2	Basketball Training	5/09/2018 (Wednesday)	0830 – 1230 hr	Yes / No, Reason : _____

Name of Pupil: _____

Class : _____

Parent's Signature: _____
(* Father / Mother / Guardian)

Date : _____/2018

In the event of any emergency, please notify:

Name: _____ Relationship to Pupil : * Father / Mother / Guardian

Address: _____

Telephone No.: _____(Home) _____(Handphone) _____(Office)

* Delete accordingly



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