



林景中学

WOODGROVE SECONDARY SCHOOL

A School of Choice. A Community of Dynamic Learners.

CONSENT FORM

Date: 1 March 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**:

S/N	Activity	Date	Time	Venue
1	Basketball Training	12/03/2018 (Monday)	0830 – 1230 hr	WOODGROVE SECONDARY SCHOOL
2	Basketball Training	14/03/2018 (Wednesday)	0830 – 1230 hr	WOODGROVE SECONDARY SCHOOL
3	Basketball Training	15/03/2018 (Thursday)	0830 – 1230 hr	WOODGROVE SECONDARY SCHOOL

Thank you.

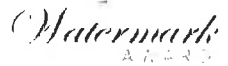
Issued by: _____



Noted by: _____

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

Mr Jonathan Jong
HOD PE & CCA
Woodgrove Secondary School



QR Code for School Website



Distinctive Programmes: Community Youth Leadership | Materials Science For Sustainable Living

3 Woodlands Avenue 6, Singapore 738990

Tel: +65 6893 2564 | Fax: +65 6893 4458 | <http://www.woodgrovesec.moe.edu.sg/>



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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	12/03/2018 (Monday)	0830 – 1230 hr	Yes / No, Reason : _____
2	Basketball Training	14/03/2018 (Wednesday)	0830 – 1230 hr	Yes / No, Reason : _____
3	Basketball Training	15/03/2018 (Thursday)	0830 – 1230 hr	Yes / No, Reason : _____



Name of Pupil: _____

Class : _____

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

Date : _____/2018



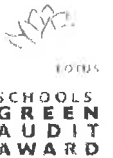
In the event of any emergency, please notify:

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

Address: _____

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

* Delete accordingly



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