



# NAVAL BASE PRIMARY SCHOOL

7 YISHUN AVENUE 4, SINGAPORE 769028

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<http://www.navalbasepri.moe.edu.sg>

PEOPLE DEVELOPER  
SINGAPORE



LOTUS SUSTAINED  
ACHIEVEMENT  
AWARD



National  
Arts  
Education  
Glow Award  
2015

LEARNING  
for  
L I F E  
PROGRAMME  
( L L P )  
Sports &  
Outdoor  
Education

NBPS/2018/074

2 May 2018

Through: The Principal

Dear Parents / Guardians

## **P4 Learning Journey to Road Safety Community Park**

As part of our students' holistic education, all P4 students will be going on a learning journey to Road Safety Community Park to take part in Traffic Police's Road Safety Education Programme for students.

The details are as follows:

Date : Thursday (17<sup>th</sup> May) for classes 4.1, 4.3 & 4.5

Friday (18<sup>th</sup> May) for classes 4.2, 4.4 & 4.6

Time : 1.15 p.m. – 5.15 p.m., 12.45 p.m. – 1.15 p.m. (Lunch)

Reporting Venue : School Canteen

Attire : School PE attire (PE shirt with PE shorts)

Things to bring : Water bottle, Pen & Student Pass  
(Handphone is NOT allowed.)

Teacher(s) I/C : Mr Tee Junjie

We look forward to your support in working with the school to provide your child/ward with a rich learning and leadership development.

For further clarifications, please contact me ([Tee\\_Junjie@moe.edu.sg](mailto:Tee_Junjie@moe.edu.sg), 67537114).

Thank you.

Yours sincerely,

Mr Tee Junjie  
SH (Student Leadership)

**Every Navalite A Leader**

Self-Discipline | Integrity | Respect | Compassion | Learning |

**(To be submitted to teacher by Fri, 11 May)**

**Learning Journey to Road Safety Community Park**

To: The Teacher-in-charge,

I have received and read your notice concerning my child / ward:

Name: \_\_\_\_\_

Class: Pr \_\_\_\_

Please tick (✓) in the box that applies.

I **consent** for my child / ward to take part in this activity.

I **do not consent** for my child / ward to take part in this activity.

In case of any emergency, you may contact this number.

Contact No. : \_\_\_\_\_

Name : \_\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_

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

Medical Condition (if any) : \_\_\_\_\_

**Volunteer to be a Parent Volunteer**

If you are available and would like to accompany the class on their learning journey, please indicate below with a tick and the class Form/Co-Form Teacher will contact you if they need your assistance.

I am available and would like to accompany the class on the learning journey.

I am unable to accompany the class on the learning journey.

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