



COMMONWEALTH SECONDARY SCHOOL
Nurturing Champions of Today and Leaders of Tomorrow

20 December 2018

Dear Parents/ Guardians of Sec 1 Students,

Re: SECONDARY 1 LEVEL CAMP 2019

1. We warmly welcome your child/ ward to Commonwealth Secondary School. To help with your child/ ward's transition into secondary school life, your child/ ward will attend the school's Secondary 1 Level Camp (S1LC) from 2 Jan (Wed) to 4 Jan (Fri) 2019.
2. The S1LC is compulsory for all Secondary 1 students as it is a critical milestone in your child/ ward's journey in Commonwealth Secondary School.
3. The camp schedule and packing list are attached for your reference. Please note that we will be collecting your child/ ward's mobile phone for safekeeping during the camp. If there is a need to contact your child/ ward urgently, please contact the General Office.
4. The school considers the safety of your child/ ward to be of the highest importance. Teachers will be present throughout the camp to ensure that activities are being carried out in a safe environment. In the event of an emergency, you will be notified immediately.
5. The details of the S1LC for each day are as follow:
 - (i) **2 Jan (Wed)**
Attire: White PE T-shirt
Reporting time: 0900 (Hall)
Dismissal time: 1700 (Hall)
Meals provided: Lunch
 - (ii) **3 Jan (Thu)**
Attire: White PE T-shirt
Reporting time: 0800 (Hall)
Dismissal time: Overnight stay
Meals provided: Lunch, Dinner, Evening snack
 - (iii) **4 Jan (Fri)**
Dismissal time: 1215 (Hall)
Meals provided: Breakfast

6. The cost of the camp is as follows:

Food	\$20
Mode of Payment	Giro, Cash or Cheque^

7. For students who are Singapore citizens, the amount of \$20 will be deducted from their designated bank account if you have signed up for GIRO arrangement in your child's primary school
8. In the event that the balance in the giro account is insufficient for the deduction, the shortfall has to be paid in cash/ cheque upon notice at the General Office.
9. For payment by cash/ cheque for non-citizen students or parents with no GIRO arrangement, we would be issuing payment advice to your child via his/ her class teachers. Please advise your child to hand the cash/ cheque^ to the General Office within 10 working days from the date of the payment advice.
10. Students who are under the MOE/ SAC Financial Assistance Scheme do not need to pay.
11. Please complete the forms in the following pages to indicate your acknowledgement to your child/ ward's participation in this programme. Completed forms are to be submitted today (20 Dec 2018) at the Sec 1 registration counter.
12. For further information on the programme, please do not hesitate to contact Mr Michael Cheong at 6560 6866 (ext 187) or by email at michael.cheong@commonwealthsec.moe.edu.sg.

^ Cheque should be payable to 'Commonwealth Secondary School'.

Thank you

Yours sincerely,

Mr Ng Boon Kiat
Principal

Commonwealth Secondary School

Parental acknowledgement and Student's Particulars Form

Teacher-in-charge: **Mr Michael Cheong**
Contact No: **6560 6866 (ext 187)**
Email: **michael.cheong@commonwealthsec.moe.edu.sg**

Participant's Particulars
Name as in Passport: _____ Class: _____ Nationality: _____ Blood Type: _____
Payment, Withdrawal and Cancellation Policy
(a) Payment: FULL payment (via Giro and/or Cheque) to Commonwealth Secondary School upon payment notification (b) Withdrawal: <ul style="list-style-type: none">Must be made in writing to the teacher-in-chargeParticipant will bear ALL the cancellation charges that may be imposed by the vendor as a result of the withdrawal.
Parental / Guardian Acknowledgement

I, _____ (*parent/ guardian),

NRIC/ FIN no. _____ acknowledge my child's/ ward's participation in the above mentioned programme.

I acknowledge the payment and withdrawal policy stated above.

Signature of Parent / Guardian

Date

Commonwealth Secondary School

Medical Declaration Form

A. Student Participant

Name (Name as in passport; Family name in capital letters):

School: _____ Class: _____

Gender: _____ Age: _____ Date of Birth: _____

(DDMMYY)

Nationality: _____ Religion: _____

Address: _____

S (_____)

Home Contact No: _____ Mobile No: _____

Email: _____

Special Dietary Requirements (if any):

Food Allergies (if any):

Drug Allergies (if any):

Health Declaration (pls declare pre-existing health conditions e.g. asthma, G6PD deficiency etc):

B. Parents / Guardians of Student Participant *[Please provide details of 2 contact persons that we can notify in the event of emergency]*

Name: _____

Relationship to Student: _____

Address (if different from above):

Mobile No: _____ Office / Other Contact No: _____

Email: _____

Name: _____

Relationship to Student: _____

Address (if different from above):

Mobile No: _____ Office / Other Contact No: _____

Email: _____

We hereby declare that the above information given is true and correct.

.....
Name/ Signature of Student

.....
Name/ Signature of Parent/ Guardian

Date:.....

ACTIVITY READINESS QUESTIONNAIRE

Does your child have any of the following medical histories?	No	Yes	If Yes, please give details:
a) Chest pain, High blood pressure, Heart problems (e.g. heart murmur, extra heart beat or other heart ailment)			
b) Asthma, Bronchitis, Tuberculosis, Sinusitis, other Lung problems			
c) Fits, Epilepsy, Fainting attacks, Migraine, Severe head injury			
d) Dizziness or impaired balance			
e) Eye problems / poor vision			
f) Ear problems			
g) Nervous illness			
h) Peripheral vascular disease (poor blood circulation to extremities)			
i) Diabetes / thalassaemia major/ anaemia			
j) Allergy to medicine / food / others			
k) Bone or joint injury (e.g., fracture, arthritis, etc)			
l) Spinal or back injury (e.g., slipped disc)			
m) A carrier status for any infectious disease			
n) Sleep disorder (e.g., sleepwalking, sleep apnea)			
o) Hospitalisation within the last two years			
Does your child/ ward require the following?			
p) Routine medication			
q) Special diet			
Does your child/ ward have the following?			
r) Any disability			
s) Any other medical information to take note of (e.g., psychiatric illness, specialist's letter, extreme sun sensitivity etc)			
Height: _____ m Weight: _____ kg Blood Group: _____			

<p>a) Medical Declaration I declare that all the information provided above is true. My child/ ward is currently not suffering from any acute ailments or diseases.</p>
<p>b) Undertaking My child/ ward shall comply with the programmes and regulations. My child/ ward shall also fully co-operate with the instructors and staff of the Ministry of Education, Singapore.</p>
<p>c) Acknowledgement of Risks I am aware that my child/ ward's attendance in the programme involves a certain amount of risk. I understand that he/ she will have to co-operate fully with the staff and diligently comply with all safety procedures. I shall therefore not hold the Ministry of Education, Singapore or their agents responsible or any damage to or loss of property or any injury or loss of life which may be sustained by him/her during the programme or arising from any cause in connection with the programme where such damage to or loss of property or any injury or loss of life is not caused by the negligence or wilful act or omission by the Ministry of Education, Singapore or their agents.</p>

I confirm that I am fully aware of the implications of the clauses (a), (b) and (c).

Name of Parent / Guardian

Signature / Date