

COMMONWEALTH SECONDARY SCHOOL

Nurturing Champions of Today and Leaders of Tomorrow

9 July 2018

Ref: CWSS/2018/02-admin/s5

Dear Parents/ Guardians of Sec 5

PAYMENT FOR LEARNING RESOURCES AND ENRICHMENT PROGRAMMES

- 1. As part of the school's effort and commitment to provide an enriching and holistic learning experience for our students, a series of learning resources and enrichment programmes have been planned. While much of the cost of employing additional educational and administrative resources has been heavily subsidised by the school, a co-payment is necessary for some of these programmes/ items.
- 2. The school conducts 2 collection cycles (in February and August) for these non-MOE standard fees. For Semester 2, we will be collecting the payments for:

No	Item	Description	Amount	Mode of Payment
İ.	History Elective 10- year series	• • • • • • • • • • • • • • • • • • • •	\$4.00	Cash/ Cheque
ii	Social Studies Elective 10-year series		\$4.00	Cash/ Cheque
Total			\$8.00	

- 3. For payment, 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.
- 4. Students who are under the MOE/ SAC Financial Assistance Scheme do not need to pay.
- 5. If you do not consent your child to attend the above programme(s)/ purchase the above item(s), please return the enclosed Consent Form to the General Office within 5 working days from the date of this letter.
- 6. For further queries on the payment, please contact our Administration Manager, Ms Jasmine Neo at **6560-6866**.
- ^ Cheque should be payable to 'Commonwealth Secondary School'.

Thank you

Yours sincerely,

Mr Ng Boon Kiat Principal

CONSENT FORM

I, parent/ guardian* of		(Name of student)
from	_(Class of student), <u>do not consent</u> my ch	nild/ ward* to attend the
programme(s)/ purchase the	item(s):	
i. <u>History Elective 10</u> ii. <u>Social Studies Ele</u>)-year series ctive 10-year series	
State reason:		
		:
Signature of Parent/ Guardi	an Date	Contact Number

