



SENG KANG PRIMARY SCHOOL

A Vibrant Community of World-Ready Learners

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

21 Compassvale Walk, Singapore 545166; Tel: 6384 0809; Fax: 6384 0839

SKPS/2014/P / VP/0065

24 January 2014

Dear Parents/Guardians

Information on pupils travelling outside Singapore for the period from Thursday, 30 January 2014 – Monday, 3 February 2014

With the upcoming long weekend (Chinese New Year Break), your child/ward may be travelling overseas for a break. It is important that schools take proactive measures to be prepared in the event of an outbreak of Avian Flu / H1N1. We are therefore requesting that you provide us with the travel details of your child/ ward for the long weekend in the form provided. Please return the form to us by **Monday, 27 January 2014**.

Please update us should there be any change in the travel plans. It is important that the information that you provide us on your child's/ward's travel plans is as accurate and current as possible. Please contact Miss Judy Ong at 63840809 should you need to update us with the necessary details.

Thank you very much for your cooperation.

Mr Dexter Lee (Head Safety)

Cc : Mrs Rabia Shahul - Principal
Mr Albert Chia - Vice Principal
Mrs Winefrede Loo - Vice Principal

All pupils will return to school on Tuesday, 4 February 2014.





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NOTICE OF CHILD'S / WARD'S TRAVEL PLANS

Name of Child / Ward: _____

NRIC / BC No.: _____

Class: _____ Sex: F / M

This is to inform the school that my child / ward will be travelling to the following country / countries during the break.

The details are as listed below:

Country of intended Travel	Period of Stay	
	From	To

Important Notes:

1. Where possible, please also provide details of country and date of transit if your child / ward will be stopping over at any other country while traveling.

2. For any changes in your travel plans during the course of the break, please update the school immediately.

3. Should you travel to an avian-flu risk country and feel unwell after the trip, please

- ❖ inform the school immediately,
- ❖ see a doctor and refrain from returning to school until you have recovered

4. If your child / ward will not be travelling, please submit a NIL return.

Thank you.

Name of Parent / Guardian: _____

Signature: _____

Date: _____

Please return this form to your child's / ward's Form Teacher by Monday, 27 January 2014. Thank you.



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