## **PUNGGOL COVE**

#### PRIMARY SCHOOL



TO SERVE TO LEAD

Ref No: PCPS 2024/063

2 February 2024

Through: The Principa

Dear Parents/ Guardians,

### **P6 COHORT LEARNING JOURNEY 2024**

As part of Character Citizenship Education (CCE) 2021, the school has planned for cohort learning journeys for our P4 to P6 students to support the development of citizenship dispositions and national identity for our students.

The Primary 6 students will be going on the cohort learning journey to the **Asian Civilisation Museum** on the dates and time listed in the table below. On the day of the learning journey, students will **report to school as usual at 7.30 a.m.** 

Dates	Class(es)	Time	
7 October 2024 (Monday)	6 Amber and 6 Jade	8.00 a.m. to 12.15 p.m.	
9 October 2024 (Wednesday)	6 Coral and 6 Opal	1.30 p.m. to 5.15 p.m.	
14 October 2024 (Monday)	6 Emerald and 6 Pearl	8.00 a.m. to 12.15 p.m.	
15 October 2024 (Tuesday)	6 Diamond and 6 Ruby	1.30 p.m. to 5.15 p.m.	

Please give your consent via Parents Gateway or return the completed Reply Form to the form teacher **by Tuesday**, **6 February 2024**. Your child/ward will receive more information about the Learning Journey from the Form Teachers.

We look forward to an enriching learning experience for our students.

Should you have any queries, you may check with your child's/ward's Form Teacher or email the school at punggolcove\_ps@moe.edu.sg.

Thank you.

Yours sincerely,

Mr Jeremy Loh

Head of Department / CCE

# **PUNGGOL COVE**

## PRIMARY SCHOOL

Name of Student : \_\_\_\_\_



### TO SERVE TO LEAD

**REPLY FORM** 

Class :		Activ	ef: PCPS 2024/063 vity: P6 Cohort LJ 2024 aff I/C: Mr Jeremy Loh	
(Please return this <u>Note</u> : You need not fill in the forr	s reply form <b>by <u>Tuesday, 6 F</u> m</b> if you have submitted your re			
I have received your letter dated <u>2 February 2024</u> and noted the contents.				
• I have indicated my responses below. (Please tick the appropriate box.)				
☐ I <u>allow</u> my child/ ward to participate in the P6 Cohort Learning Journey.				
☐ I do not allow my child/ ward to participate in the P6 Cohort Learning Journey.				
Name of Parent / Guardian*		Signature		
Contact of Parent / Guardian*		Date		
* Please delete where applicable.				