



世界红卍字会新加坡总主会主办

THE WORLD RED SWASTIKA SOCIETY  
(SINGAPORE ADMINISTRATION CENTRE)

卍慈学校 **RED SWASTIKA SCHOOL**

350 BEDOK NORTH AVE 3 SINGAPORE 469719

TEL: 64430380 FAX: 62448391 EMAIL: redswastika@moe.edu.sg

14 July 2016

Dear Parents/Guardian,

**RE: LEARNING JOURNEY TO CHINA FOR RSS STUDENTS DURING SEPTEMBER HOLIDAYS 2016**

Our school will be organising a learning journey to China, Nanjing in September for Primary 5 students. We will be visiting schools, cultural and historical sites in Nanjing, Jiangsu Province. This trip has been specially designed to enhance our students' understanding of the Chinese culture and to instill a greater interest in learning the Chinese language. To achieve this, the school has deliberately linked it to some parts of our curriculum. The aim is to deepen our students' appreciation for Chinese idioms, literature and history and from there inspire a greater love for the Chinese Language. Details of the trip are as follows:

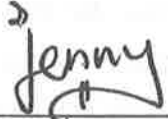
<b>Destination</b>	<b>Nanjing</b>
<b>Date</b>	<b>3 September 2016 – 9 September 2016</b>
<b>Accommodation</b>	<b>Nanjing Pu Kou Qu Xingzhi School Hostel</b>
<b>Learning Highlights</b>	<ul style="list-style-type: none"> <li>• Classroom experience in both a rural school for character development niche and a city school with Science niche.</li> <li>• Acquire an understanding of the city's overall plan and history.</li> <li>• Historical sites linked to Sun Yat Sen, Tao Xing Zhi.</li> <li>• Nanjing Massacre Museum.</li> <li>• Stories from the Battle of Chu-Han.</li> </ul>
<b>Payment Details (applicable to first time applicants for Learning Journey to China)</b>	<ul style="list-style-type: none"> <li>➢ Package price is estimated to be \$1300. All students who are Singapore Citizens and signing up for overseas immersion trip for the first time will get an upfront school subsidy of \$350.</li> <li>➢ Students whose gross family income is less than \$8000 can apply for further school subsidy.</li> <li>➢ More details with regards to the subsidy and usage of Edusave Funds will be shared after the selection process.</li> </ul>

In the long run, the school aims to provide every student with at least an opportunity to have one overseas experience in their six years here. Should there be an overwhelming response for this trip, priority would be given to students who have never been on any overseas immersion trip organised by the school. The students will be selected based on their participation in at least one CCA in the current year, their conduct grades for 2016 SA1 and their overall academic score for 2016 SA1.

Please fill in the attached response slip together with a **photocopy of your child's passport (6 months validity from date of departure)** if you are interested and return it to the teacher-in-charge, **Mrs Ching Kim Siong by 19 July 2016, Tuesday**. In the event that your child is not selected to go for the trip, the deposit will be returned to you.

Thank you for your support for the school as we journey towards making your child's schooling an exciting and fruitful one.

Best regards



**Mrs Jenny Leong**  
Principal



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**Response Slip**

**RE: LEARNING JOURNEY TO CHINA FOR RSS STUDENTS DURING SEPTEMBER HOLIDAYS 2016**

**PART I: PARENT'S / GUARDIAN'S CONSENT**

I, Mr /Mrs /Mdm\* \_\_\_\_\_, parent/ guardian\* of student \_\_\_\_\_,  
Pr \_\_\_\_\_ agree to allow my child/ ward\* to take part in all activities organised during the Red Swastika School Learning Journey to China in September.

**PART II: STUDENT'S PARTICULARS & HEALTH DECLARATIONS**

NAME OF STUDENT (AS IN PASSPORT): \_\_\_\_\_ CLASS: \_\_\_\_\_

中文姓名: \_\_\_\_\_ BLOOD GROUP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BC NO: \_\_\_\_\_

PASSPORT NO: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_ RELATIONSHIP: FATHER / MOTHER\*

TEL NO: \_\_\_\_\_ (HOME) \_\_\_\_\_ (HANDPHONE)

PREFERRED POINT OF CONTACT (FOR UPDATES AND IN THE EVENT OF EMERGENCY)  
\_\_\_\_\_ (NAME) \_\_\_\_\_ (HANDPHONE)

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS (PARENT): \_\_\_\_\_

DRUG ALLERGY (IF ANY): \_\_\_\_\_

FOOD ALLERGY (IF ANY): \_\_\_\_\_

MEDICAL PROBLEMS (IF ANY): \_\_\_\_\_

DIETRY REQUIREMENT (IF ANY): \_\_\_\_\_

*\* Please delete where appropriate.  
Please return the reply slip to Mrs Ching Kim Siong by 19 July 2016*

**FOR OFFICIAL USE**

PAYMENT: CHEQUE NO: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_