



CONVENT OF THE HOLY INFANT JESUS SECONDARY

25 September 2017

Dear Parent / Guardian,



STUDENT LEADERS CAMP 2017

As part of the CHIJ Student Leadership Development programme, selected students and student leaders attend a 3D2N Student Leaders Camp. This camp is organised every year, as an opportunity to hone and develop leadership qualities and skills in our leaders. This is achieved through the various training programmes and activities conducted, to better equip them in preparation for their various roles and responsibilities in school.

In addition, the camp is also a time for them to foster team spirit and forge stronger bonds as they work together to organise the various school events, and to lead the school to greater heights. Hence, all student leaders strongly encouraged to attend the camp in preparation for the upcoming year.

Details of the camp are as follows:

Start Date : 21 Nov 2017 (Tuesday), 8am
End Date : 23 Nov 2017 (Thursday), 12.30 pm
Venue : School
Cost : \$20

The cost of the 3D2N Student Leaders Camp is \$20 which can be paid through Edusave. If your child/ward has not signed the Edusave Enrichment Programme Standing Order (EPSO) or has insufficient funds in the Edusave, kindly make payment in cash or cheque (payable to "CHIJ Secondary"). Should your child be absent on the day of camp, without a valid Medical Certificate for 3 days, she will be liable to bear the full cost of the camp.

For any further clarifications, please email Mr David Lau at davidlau@chijsec.edu.sg. Kindly return the consent form by 2 October 2017.

Thank you.

Yours faithfully

Mrs Karen Tay
Principal
CHIJ Secondary

POST 626 Lorong 1 Toa Payoh Singapore 319764 • PHONE +65 6353 4972 • FAX +65 6354 4573 • WEB www.chijsec.edu.sg • EMAIL chijtpss@moe.edu.sg



TEACHING & LEARNING STAFF WELLBEING

ACADEMIC VALUE-ADDED (EXPRESS)

AESTHETICS

SPORTS



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STUDENT LEADERS CAMP 2017

I, _____ parent/guardian of _____ of
Sec _____ allow / do not allow* her to attend the camp. I acknowledge that my child is liable
to bear the full cost of the camp if she is absent for the camp, without a valid medical certificate
that covers her for 3 days: 21 to 23 November 2017, Tuesday to Thursday.

Parent's Signature

Date

IN THE EVENT OF AN EMERGENCY PLEASE CONTACT:

Name:		*Father / Mother / Guardian
Handphone No.:	Home No.:	Office No.:
*Medical conditions/Allergies (if any):		
Dietary restrictions (if any):		

*please delete accordingly

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