

29th November 2019

MIGS/ADM/T1/SS/PS/2019-0168

Dear Parents/Guardians,

EDUCATIONAL FIELD TRIP TO TASPUTRA PERKIM – YEAR 10

We are pleased to inform you that we have selected a number of Year 10 students to take part in an Educational Field Trip to Tasputra Perkim next month. For those who are unfamiliar with the Tasputra Perkim organisation, it is a multiracial day-care training center founded in 1987, catering for special needs children from families who often cannot afford the escalating professional fees for therapy.

During our visit the Founder, Puan Elahe Norman, will deliver a short talk on raising awareness of the special needs community and lead a tour around the center. A small ceremony where MIGS will present a donation totaling Rm 5, 200 which was raised by a group of parents and students through our Charity Bazaar during MIGS Wellbeing Week in 2019.

Please find the key details of the trip below:

Event	Educational Field Trip to Tasputra Perkim
Date	Thursday, 12 th December 2019
Depart from MIGS:	2.00 pm
ETA Return to MIGS	3.30 pm
Accompanied By	Principal. Mr. John Birch Teachers: Mr. Bradfield, Mr. Nikolai Counselor: Ms. Esther Loh Photographer: Ms. Filza
Transport:	MIGS School Bus

Parents/Guardian who would like their child to participate in the trip, please complete and return the consent letter to their respective homeroom teacher before 3rd December 2019.

I am very grateful to the parents, students and staff who raised this amount during the previous wellness week and know it will certainly assist the organisation. This is another opportunity for our students to experience and learn outside of the classroom and support our student's personal development

Thanking you in advance and best regards,

OHN PAUL BIRCH

Principal



PARENT CONSENT FORM

Educational Field Trip to Tasputra Perkim on 12th December 2019.

To be returned to homeroom teacher before 3rd December 2019.

STUDENT PARTICULARS	
Name:	Year:
Address:	
Telephone No:	Gender:
Date of Birth:	Age:
NRIC/Passport No:	
PARENTS' PARTICULARS	
Father's/Guardian's Name:	Mother's/Guardian's Name:
E-mail Address:	E-mail Address:
Mobile Telephone No:	Mobile Telephone No:
Fax No:	Fax No:
House Telephone No:	
ADDITIONAL CONTACT OF SOMEONE W	/HO CAN ACT ON YOUR BEHALF IN CASE OR EMERGENCY
Name:	TIO OAN AOT ON TOOK BEHALL IN CASE ON EMERCENCY
NRIC/Passport No:	Telephone No:
Address:	Mobile Telephone No:
Fax No:	Relation:
MEDICAL HISTORY: Please specify any allergies or any other me	edical conditions/history that MIGS should be aware of:
	(parent/guardian) of the pupil named above cipate in the school educational trips. I agree with the policy stated below.
not only represent themselves, but also the s should align with school expectations at all t by the teacher of venue staff, MIGS reserve	eminded that whilst taking part in an educational visit or school trip, students school staff, their parents and the school as a whole. Etiquette and conductimes. In the unlikely event that a student does not follow the guidelines set the right to remove/dismiss any student whose conduct is unacceptables for accidents, illness, disease or loss of valuable items. MIGS is authorized and in this form as is deemed necessary.
Parent's/Guardian's Signature:	Date: