



# MUTIARA INTERNATIONAL GRAMMAR SCHOOL SDN BHD

(391277-M)

DISCOVERING POTENTIAL • LEARNING TO CARE • RESPECTING DIFFERENCES

18th April 2023

MIGS/ADM/T3/PSC/SS/2023/0333

Dear Parents and Guardians,

## **Re: Field trip to The National Museum of Malaysia**

As part of our continuous assessment of History this term, students are required to visit The National Museum of Malaysia to learn more about Malaysia in the context of history, people, culture and heritage. The details are as follows:-

<b>Year Groups:</b>	<b>Year 7, 8 &amp; 9</b>
<b>Date:</b>	<b>Wednesday, 10th, May 2023</b>
<b>Venue:</b>	<b>The National Museum of Malaysia, Jalan Damansara, 50566 Kuala Lumpur.</b>
<b>Time:</b>	<b>9.30am - 12.00pm</b>
<b>Mode of transport:</b>	<b>School bus</b>
<b>Attire:</b>	<b>MIGS School Uniform</b>
<b>Fees:</b>	<b>RM 35.00 (transportation and insurance) Payment can be made to the Accounts Department</b>
<b>Staff in charge:</b>	<b>Ms. Hooi Ping</b>

Students will depart from MIGS at **9.00am** and are expected to be back at school between **12.30pm to 1.00pm**. Allow me to thank you for your cooperation in supporting the school field trip.

Yours sincerely,

**MS. HOOI PING**  
History and Global Perspectives Teacher

**MR. JOHN P. BIRCH**  
Principal





**PARENT CONSENT FORM  
SENIOR SCHOOL EDUCATIONAL TRIPS**

**YR 7,8 & 9 : The National Museum of Malaysia on Wednesday, 10th May, 2023**  
To be returned to Class Teacher by 5th May, 2023

**PUPIL'S PARTICULARS**

<b>Name:</b>		<b>Year:</b>
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:

**ADDITIONAL CONTACT OF SOMEONE WHO CAN ACT ON YOUR BEHALF IN CASE OR EMERGENCY**

Name:	
Relation:	
NRIC/Passport No:	Telephone No:
Address:	

**MEDICAL HISTORY:**

Please specify any allergies or any other medical conditions/history that MIGS should be aware of:

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**CONSENT / DISCLAIMER:** I, ..... (parent / guardian) of the pupil named above hereby give full consent for my child to participate in the school educational trips. I agree with the policy stated below.

**POLICY:** Parents and students are politely reminded that whilst taking part in an educational field trip, students not only represent themselves, but also the school staff, their parents and the school as a whole. Etiquette and conduct should align with school expectations at all times. In the unlikely event that a student does not follow the guidelines set by the teacher or venue staff, MIGS reserves the right to remove/dismiss any student whose conduct is unacceptable during the trip and will be returned back to the school campus. MIGS cannot assume liabilities for accidents, illness, disease or loss of valuable items. MIGS is authorised to secure medical attention for the pupil named in this form as is deemed necessary.

**Parent's/Guardian's Signature:** ..... **Date:** .....