



Anglo-Chinese School
(Primary)
A Methodist Institution
(Founded 1886)

4 April 2007

Dear Parents/Guardian,

**CHINESE LANGUAGE STUDY-CUM-CULTURAL IMMERSION TOUR TO WUXI
(27 May – 2 June 2007)**

As part of our Chinese Enrichment programme, I am pleased to announce that our school is organizing a **7-day China Cultural Immersion Tour to Wuxi** for our pupils during the June holidays. The objective of this study-cum-cultural immersion tour is to enable our pupils to have a better understanding of the Chinese culture and to promote a greater interest in the learning of the Chinese Language through an exposure to the Chinese culture beyond the classroom.

Chinese culture, with its long history, is rich and widespread throughout many parts of the world. Coupled with its successful economic policy, China is fast becoming an international economic and cultural force. As Singapore has close ties with China in many areas, the need for our students to have a better command of the Chinese Language and culture is essential.

Our pupils will be attending lessons with the local students in the renowned Wuxi Lian Yuan Jie Primary School for 3 days. They will be immersed in an environment conducive to the learning of the language and it will also enable them to experience student life in China, thus providing opportunities for them to be self-reliant, independent and adaptable.

The 7-day programme includes school visits, cultural enrichment activities and educational tours of Shanghai, Wuxi and Hangzhou. The cost of each participant is \$1138/pax. The cost includes airfare, all meals, accommodation, course fee, admission tickets to various places of attraction, NTUC group travel insurance. Attached is the itinerary and booking conditions.

Please return the registration form, health declaration form, together with a cheque made payable to Golden Travel Services Pte Ltd for the deposit of \$300/pax to the **General Office, by 2pm , Wednesday 11 April 2007**. Please note that vacancies (max. 40 pupils) are limited and pupils will be selected on an interview basis. **As a form of encouragement, the school will be giving a subsidy of \$100 to 10 pupils who show the most progress in their learning of Chinese (the school will inform the boys personally).**

Thank you.

Yours faithfully,

Endorsed by:

Ms Lee Kam Har
Teacher-in-charge

Mrs Grace Khoo
Vice-Principal

50 Barker Road Singapore 309918 . Tel: 6250 1633 . Fax: 6353 1366 . Website: <http://www.anglochinesepri.moe.edu.sg>

ANGLO-CHINESE JUNIOR COLLEGE
25 Dover Close East Singapore 139745
Tel: 6775 0511 Fax: 6777 5479

ANGLO-CHINESE SCHOOL (BARKER ROAD)
60 Barker Road Singapore 309918
Tel: 6256 1633 Fax: 62561366

ANGLO-CHINESE SCHOOL (INDEPENDENT)
121 Dover Road Singapore 139650
Tel: 6773 1633 Fax: 6773 1433

ANGLO-CHINESE SCHOOL (INTERNATIONAL)
61 Jalan Hitam Manis Singapore 278475
Tel: 6478 4726 Fax: 6472 0477

ANGLO-CHINESE SCHOOL (JUNIOR)
25 Peck Hay Road Singapore 228315
Tel: 6733 7911 Fax: 6734 6518

Anglo-Chinese School (Primary)

7-day China Study-cum-Cultural Immersion Tour to Wuxi 27 May 2007 to 2 June 2007

Please complete the attached form and return it together with the deposit to the **General Office** by **2.00pm, Wednesday, 11 April 2007**.

Things to hand in:

- This Application Form
- Health Declaration Form
- Photocopy of Passport
- A non-refundable deposit of **S\$300** made payable to **Golden Travel Services Pte Ltd**
Refund will be returned only if the application is rejected.

Application Form

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|--|-----------------|
| PARTICULARS OF STUDENT | |
| Name (as in passport): | |
| Name: (Chinese) | Class: |
| Address: | |
| Postal Code: | |
| Date of Birth: | Sex: Male |
| Passport No: | Date of Expiry: |
| For future correspondence, please contact: | |
| Mr/ Mrs/ Mdm* _____ | |
| Contact No: | |
| (Home) _____ (Office) _____ (HP) _____ | |
| (Email) _____ | |

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HEALTH DECLARATION

Name of Pupil: _____ Class: Pr 5 _____

Does the child have any allergies, physical restrictions or medical problems?

(Please tick)

YES

NO

If yes, please describe:

Allergies: _____

Physical Restrictions: _____

Medical Problems: _____

Remarks: _____

Name & Signature of Parent/Guardian

Date

| |
|-------------------|
| For Official Use: |
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