

JURONG WEST SECONDARY SCHOOL

61 Jurong West Street 65 Singapore 648348

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School Reference No: JWSS/2019/0076

31 January 2019

Dear Parents/ Guardians

Secondary 3 Study Skills Workshop 2019

- We are pleased to inform you that the school will be organising a Study Skills Workshop for all Secondary 3 students. The Study Skills Workshop will be conducted by Mastereign Achievers Pte. Ltd.
- 2 The details of the Study Skills Workshop are as follows:

Day & Date

: Monday, 11 February 2019

Time

: 3.15 - 6.15 pm

Venue

: Jurong West Secondary School

3 The objectives of the workshop are for students to:

Secondary 3 Express/Normal(Academic)	Secondary 3 Normal(Technical)	
 Employ relevant memory techniques to retain various types of information Employ relevant note-taking strategies for various subjects 	 Resourcefully prepare for and ace an interview Discover and understand their learning style, and develop positive study habits according to their learning style 	

- The cost for the Study Skills Workshop will be shared by both your child/ward and the school. Your child/ward is to pay \$11 via your child/ward's Edusave account or cash (for students without an Edusave account or has insufficient funds in Edusave account).
- Please acknowledge receipt of this letter by signing and submitting the appended acknowledgement slip below via your child/ward by Thursday, 7 February 2019.
- You may contact Ms Amanda Lee, Secondary 3 Assistant Year Head (AYH) at 62623593 (Ext 303), should you require further details or clarification.
- 7 Thank you for your continual partnership with the school in the holistic development of your child/ward.

Yours sincerely Sincerely Ms Amanda Lee Secondary 3 Assistant Year Head	Ms Orry Z Year Hea	Thang d (Upper Secondary)
Plea	se detach here	
Secondary 3 Study Skills Workshop 2019		
i,, (Mother/ Fati	her/ Guardian*) of	of Class
hereby acknowledge your letter dated 31 January 2 my child/ward's Edusave Account for payment of the insufficient funds in my child/ward's Edusave accounts.	he programme. I also undertake	to make the payment in cash if there are
In case of any emergency, please contact the follow	wing:	aury Denovo
Name:	Relationship with Student: _	The second second
Contact Numbers of Parent/Guardian:	(Home)	(Mobile)
Date:	Signature of Parent/ Guard	ian*:
*Please delete where applicable.		