

**Acknowledgement Slip**  
(To be submitted to Form Teacher by **Friday, 4 March**)

Name of Student: \_\_\_\_\_ Reg No.: \_\_\_\_\_ Class: P \_\_/ \_\_\_\_\_

**F. P3-P5 Leadership Training**  
(\*Please delete accordingly)

I **\*allow / do not allow** my child/ward to participate in the above programme.

My child/ward requires a **\*normal / vegetarian / halal diet**.

**H. Seeking permission to feature students in school publications**

I have read and understood all the above terms and I agree to allow the school to collect my child's/ward's personal data including opinions, photographs, audio and video recordings for research and publicity purposes related to MOE or government agencies.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_