

PARENT'S SIGNATURE:

## IMMACULATE CONCEPTION ACADEMY

10 Grant Street, Greenhills, San Juan City, Metro Manila TEL. 723-70-41 FAX 727-94-59 info@icagh.edu.ph www.icagh.edu.ph

表德中學		
February 15, 2019		
Dear Parents and Guardians,		
Greetings!		
We would like to invite your daughter to participate in this year's 2- Week Taiwan Summer Camp Fu Jen Catholic University, Taipei Taiwan from March 18 – 31, 2019. Participants will attend fun ar engaging classes in Mandarin, Chinese Calligraphy, Tai-Chi Boxing, Cooking, Taiwan Aborigin Dance and Handicraft and Chinese Yoyo among others. There will also be team-building activitie and opportunities to explore the beauty of Taipei.		
Teacher chaperones will accompany the students. The cost of the trip which covers participation classes, use of facilities, airfare, entrance tickets to museums and other sites (only those include in the schedule), travel insurance and other land arrangements is \$1,500.00 US dollars plus Ph 10,000.00 for local expenses.		
Please pay at the school's Cashier's Office (both dollar and peso payments). A slot will be reserved for your daughter once we receive notice from our Cashier of your payment. Other documents like the DSWD clearance form and waiver will be given to your daughter once her application has been confirmed.		
We will be arranging for an orientation with the parents and students once we have the final list of participants. You will be notified through another circular. Please ask your daughter to submit the return slip to her Grade Level Coordinator on or before February 20, 2019, Wednesday.		
Thank you very much.		
Yours truly,		
MS. CHARMAINE ESTEBAN SHS Academic Coordinator		
NOTED BY:		
MRS. DEBRA LIAMZON High School Principal  SR. IRENE FERRER, MIC President		
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SLIP====================================		
YES, my/our daughter will join the Fu Jen Catholic University 2-Week Summer Camp.		
NO, my/our daughter will NOT join the Fu Jen Catholic University 2-Week Summer Camp.		
NAME OF STUDENT:		
GRADE LEVEL & SECTION:		
PARENT'S PRINTED NAME:		



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DATE:		
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