



# NORTHOAKS PRIMARY SCHOOL

Letter to Parents: 41 / 2019

4 April 2019

Dear Parents/ Guardians of Pri 4 and 6 students

## National Physical Fitness Award (NAPFA) 2019

The Pri 4 and 6 students have been training for the NAPFA since end-February. We encourage your child to continue practising and training for some of these test items at home. Students have been taught during PE lessons to perform exercises such as sit-ups, stretching, tucked jumps, agility runs and jogging. The school will be conducting the NAPFA Test during **Curriculum Time** in mid-April.

SN	Stations	Classes	Date
1	5 Static Stations	All P4 & P6	Mon, 15 April 2019
2	1.6km Run	All P4	Wed, 17 April 2019
3	1.6km Run	All P6	Thurs, 18 April 2019

Your child/ ward will only be exempted if he/she is deemed medically unfit and is required to produce a medical certificate. Students recovering from fractures (e.g. arm/foot/leg) and have just recovered from serious illness (e.g. chicken pox/ dengue fever) will be exempted from NAPFA test for this year if they have less than two months of training before the test date.

### Important:

1. Wear PE Attire during NAPFA Tests
2. Bring a water bottle
3. Have at least 8 hours of sleep the night before the NAPFA Tests
4. Have breakfast in the morning on the NAPFA Test days.

Please complete the acknowledgement slip by 9 April 2019.

Should you have further queries on the NAPFA Test, please feel free to call Mr Jasni M. Jasmin (HOD PE/CCA) at 67538835 or email: [jasni\\_mahmood\\_jasmin@moe.edu.sg](mailto:jasni_mahmood_jasmin@moe.edu.sg).

Thank you and we seek your co-operation on this.

In partnership with you,

Mrs Theresa Hong  
Principal



# NORTHOAKS PRIMARY SCHOOL

## National Physical Fitness Award (NAPFA) 2019

### ACKNOWLEDGEMENT

(Please acknowledge this notification by 9 April 2019)

I have taken note of the **National Physical Fitness Award (NAPFA) 2019**.

Please indicate "Yes" in the box below :

☐

My child has no medical condition and is fit to participate.

☐

My child has a medical condition but he/she is fit to participate.

**(Please attach a letter from the doctor to certify he/she is fit to participate)**

☐

My child is exempted due to medical reason.

**(Please attach the medical exemption letter from the doctor if your child is unable to participate)**

**Name of Child:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_