

EDUCATION RECCE FORM

Thank you for your interest in our Wildlife Parks

1. Please arrange recce within **one month** of your school's actual visit.
2. Since your school qualifies for ***10:1** ratio, you will be able to utilize the complimentary tickets from the school's actual visit day for recce admission. This is limited to a **maximum of 5 teachers**.

***The 10:1 ratio refers to: for every 10 paying students, 1 complimentary admission for teacher.**
3. Usage of complimentary tickets for recce are **not applicable for multiple visits** by schools.
4. Admission for recce is chargeable if:
 - a. School would like to pay for admission (please refer to table 1)
 - b. There are more than 5 teachers attending the recce. Additional teachers will be charged at these rates in table 1.

School Admission Rates:

Jurong Bird Park	\$14.00 /pax
Singapore Zoo or River Safari	\$20.00 /pax
Night Safari	\$26.00 /pax

Table 1

5. Tram Rides at either Singapore Zoo or Jurong Bird Park, or the Amazon River Quest at River Safari is chargeable at \$5.00/pax.
6. Please email the completed form to eduadmin.zoo@wrs.com.sg, 1 week before your recce visit.
7. School will be notified via email with the endorsed form. Teacher is to present the endorsed form together with proof of identification at the ticketing counter 1 or 2 to redeem tickets.

School Details			
School Name:			
Address:			
Recce Details			
<input type="checkbox"/> Singapore Zoo	<input type="checkbox"/> River Safari	<input type="checkbox"/> Jurong Bird Park	<input type="checkbox"/> Night Safari
Recce Date:		Recce Time:	
Teacher In-charge			
Name:		Contact No:	
E-mail:		Signature:	

Please fill this table if you are utilizing the complimentary tickets:

Name	E-mail
1.	
2.	
3.	
4.	
5.	

School's Actual Visit			
Date(s) of Visit:			
Estimated No. of Students:		Estimated No. of Adults (Includes both Teachers and Parents)	

For Official Use only [By Education Department]

Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Order Number:		
_____	_____	_____
Name	Date	Signature

Reason(s) for not approving the utilization of complimentary

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