

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians4<sup>th</sup> September 2018

Dear Parent / Guardian,

**Speech Therapy 2018 -2019**

Your child / ward \_\_\_\_\_ of Class \_\_\_\_\_ will receive Speech Therapy arranged by school. The professional Speech Therapist will come to school on Thursday almost once a month. Therefore your child's / ward's attendance is very important.

Your child / ward has to:

- pay \$500 therapy fee;
- report immediately to Ms. Cheung Suk Wa and submit the doctor's certificate and parent's letter to her on the following school day, if he/she is absent on the lesson;
- reach at 100% of attendance can be refunded \$500 therapy fee, 90% can be refunded \$450, and 80% can be refunded \$400; lower than 80% cannot be refunded.

Date (Thursday)	
First Term	Second Term
13 <sup>th</sup> Sep 2018	24 <sup>th</sup> Jan 2019
4 <sup>th</sup> Oct 2018	21 <sup>st</sup> Feb 2019
18 <sup>th</sup> Oct 2018	21 <sup>st</sup> Mar 2019
15 <sup>th</sup> Nov 2018	4 <sup>th</sup> Apr 2019
29 <sup>th</sup> Nov 2018	2 <sup>nd</sup> May 2019
13 <sup>th</sup> Dec 2018	30 <sup>th</sup> May 2019

If you allow your child / ward to receive Speech Therapy, please remember to instruct him / her to attend the therapy punctually. Please also return the Agreement Form to Ms. Cheung Suk Wa not later than 7<sup>th</sup> September 2018. Thank you for your attention.

Yours faithfully,

*K.C. Lo*

K.C. Lo  
Principal

**Reply slip (PN\_1819\_015)**Re: Speech Therapy 2018 -2019

Date: \_\_\_\_ September, 2018

Dear Mr. Lo,

I hereby confirm that I have read and fully understood the above therapy and I agree my child / ward \_\_\_\_\_ of Class \_\_\_\_\_ ( ) to receive therapy and pay \$500 for the course fee. I will instruct him / her to attend the therapy punctually.

Signature: \_\_\_\_\_

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