

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians4<sup>th</sup> January, 2019

Dear Parent / Guardian,

**S1-S2 Phonics Study Course 2018 -2019**

Your child / ward \_\_\_\_\_ of Class \_\_\_\_\_ ( ) will take part in the Phonics Study Course at school. It can improve his / her English and also useful in studying other subjects.

Students who are admitted to this course have to:

- pay \$200 course fee (**already received from the 1<sup>st</sup> term tutorial course**);
- report immediately to Ms. Lee Mei Lan and submit the doctor's certificate and parent's letter to her on the following day, if he/she is absent on the lesson;
- be hardworking and submit homework on time;
- reach at least 80% of attendance can be refunded \$200 course fee.

Date	Time	Room
Jan : 23 <sup>rd</sup> Feb : 20 <sup>th</sup> , 27 <sup>th</sup> Mar : 6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup> , 27 <sup>th</sup> , Apr : 3 <sup>rd</sup> , May : 8 <sup>th</sup> , 15 <sup>th</sup> (Wednesday)	14:45 - 16:15	217A

If you allow your child / ward to join the above course, please remember to instruct him / her to attend the lessons punctually. Please also return the Agreement Form to Ms. Lee Mei Lan not later than 11<sup>th</sup> January, 2019.

Thank you for your attention.

Yours faithfully,



K.C Lo  
Principal

**Reply Slip (PN\_1819\_127)**

Re: S1-S2 Phonics Study Course 2018 -2019

Date: \_\_\_\_ January, 2019

Dear Mr. Lo,

I hereby confirm that I have read and fully understood the above course and I agree my child / ward \_\_\_\_\_ of S\_\_\_\_\_ ( ) to take part in the Phonics course I will instruct him / her to attend the lessons punctually.

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

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