

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians15<sup>th</sup> March 2019

Dear Parents / Guardians

**S5 Study Class**


It is the school's aim to improve our students' academic performance. Study class can help students to be well prepared for their 2<sup>nd</sup> unified test and final examination. In this school year, study class will be arranged in order to attain our aim. The tutorial classes will be small (around 20 students) and conducted by our teachers.

We would like to inform you that your child / ward has been selected to join the S5 study class.

Course:	Study Class
Proposed Date:	20 <sup>th</sup> Mar to 5 <sup>th</sup> June 2019, Every Wednesday except 17/4 ( 20/3, 27/3, 3/4, 24/4, 8/5, 15/5, 22/5, 29/5, 5/6 )
Time:	2:45p.m. to 3:45p.m.
Venue:	Room 238A
Teacher-in-charge :	S.5 class teachers

Students, please give the reply slip below to your parents / guardians and promise that you will be committed to all the requirements of the study class and attend it punctually. **A light demerit will be given if students have been absent twice without a parent's letter and a doctor's certificate.** Parents, please instruct your child / ward to submit the signed reply slip to **Class Teacher** on or before **19<sup>th</sup> Mar 2019**. Thank you for your attention.

Yours faithfully

  
 K.C. Lo  
 Principal

**Reply Slip (PN\_1819\_182)**Re: S5 Study Class

Date: \_\_\_\_\_

Dear Principal,

I understand the details of the S5 study class. I will instruct my child / ward \_\_\_\_\_ of S.5\_\_\_ ( ) to give Class Teacher the reply slip. I will also remind my child / ward to work very hard and attend the study class punctually after school.

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

Signature of Parent / Guardian: \_\_\_\_\_

Parent's / Guardian's contact details: Phone number: \_\_\_\_\_ (home), \_\_\_\_\_ (mobile)