

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians5<sup>th</sup> September 2019

Dear Parent / Guardian,

**Speech Therapy 2019 -2020**

Your child / ward \_\_\_\_\_ of S \_\_\_\_\_ 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 report immediately to Ms. Dong Xin 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;

Date (Thursday)	
First Term	Second Term
12 <sup>th</sup> Sep 19	13 <sup>th</sup> Feb 20
10 <sup>th</sup> Oct 19	12 <sup>th</sup> Mar 20
14 <sup>th</sup> Nov 19	9 <sup>th</sup> Apr 20
12 <sup>th</sup> Dec 19	14 <sup>th</sup> May 20
	4 <sup>th</sup> Jun 20

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. Dong Xin not later than 9<sup>th</sup> September 2019. Thank you for your attention.

Yours faithfully,



K.C. Lo  
Principal

**Reply Slip (PN\_1920\_020)**Re: Speech Therapy 2019 -2020

Date: \_\_\_\_ September, 2019

Dear Mr. Lo,

I hereby confirm that I have read and fully understood the above therapy and I agree my child / ward \_\_\_\_\_ of S \_\_\_\_\_ ( ) to receive therapy. I will instruct him / her to attend the therapy punctually.

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

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