

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians23<sup>rd</sup> September 2019

Dear Parents / Guardians,

**School Fee Remission 2019 - 2020**

We are pleased to inform you that your application for school fee remission for your child / ward has been approved. The approved amount of remission is \$3000. Details of the remission are as follows:

*A. Settlement on students*

<u>Form</u>	<u>School Fee</u>	<u>Instalments</u>	<u>Remission</u>	<u>Settlement in remission</u>
S.4	\$3000	10	\$3000	\$0

*B. Reimbursement plan*

<u>Form</u>	<u>Payment up to Sep 2019</u>	<u>Amount of Refund</u>	<u>Date of Refund</u>
S.4	\$300	\$300	by late Oct 2019

The school fee remission would be refunded to you by issuing a crossed cheque upon showing a signed reply slip from your child / ward. **Please make sure the parent's / guardian's name written on the reply slip is the bearer of the bank account holder.**

You are kindly asked to sign on the reply slip to authorize your child / ward to receive the refund on your behalf, and return it to class teachers on or before Wednesday, 25<sup>th</sup> September 2019. If you do not receive the refund in due course, please inform the General Office immediately.

Yours faithfully,



K.C. Lo

Principal

**Reply Slip (PN\_1920\_030)**Re: School Fee Remission 2019 - 2020 (S4 Full)

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

Dear Principal,

This is to authorize my child / ward to collect the refund of school fee remission 2019 - 2020. My child / ward will sign on receipt of the amount for acknowledgement.

Name: \_\_\_\_\_ Class: \_\_\_\_\_ ( )

Parent's / Guardian's Name: \_\_\_\_\_

**(The bearer of the bank account holder)**

Parent's / Guardian's Signature: \_\_\_\_\_

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians23<sup>rd</sup> September 2019

Dear Parents / Guardians,

**School Fee Remission 2019 - 2020**

We are pleased to inform you that your application for school fee remission for your child / ward has been approved. The approved amount of remission is \$1500. Details of the remission are as follows:

*A. Settlement on students*

<u>Form</u>	<u>School Fee</u>	<u>Instalments</u>	<u>Remission</u>	<u>Settlement in remission</u>	<u>Sums settled (Sep 2019)</u>	<u>Outstanding Settlement</u>
S.4	\$3000	10	\$1500	\$1500	\$300	\$1200

*B. Balance to be paid by students*

Form: S.4	Oct. 2019	\$200	Feb. 2020	\$100
	Nov. 2019	\$200	Mar. 2020	\$100
	Dec. 2019	\$200	Apr. 2020	\$100
	Jan. 2020	\$100	May 2020	\$100
			Jun. 2020	\$100

**Total amount to be paid****\$1200**

Please complete the following reply slip for acknowledgement of receipt of this notice and return it to the class teachers on or before Wednesday, 25<sup>th</sup> September 2019.

Yours faithfully,



K.C. Lo

Principal

**Reply Slip (PN\_1920\_030)**Re: School Fee Remission 2019 - 2020 (S4 Half)

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

Dear Principal,

I hereby acknowledge the receipt of the Notice to Parents / Guardians dated 23<sup>rd</sup> September 2019 concerning the School Fee Remission 2019 - 2020.

Name: \_\_\_\_\_ Class: \_\_\_\_\_ ( )

Parent's / Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians23<sup>rd</sup> September 2019

Dear Parents / Guardians,

**School Fee Remission 2019 - 2020**

We are pleased to inform you that your application for school fee remission for your child / ward has been approved. The approved amount of remission is \$3000. Details of the remission are as follows:

*A. Settlement on students*

<u>Form</u>	<u>School Fee</u>	<u>Instalments</u>	<u>Remission</u>	<u>Settlement in remission</u>
S.5	\$3000	10	\$3000	\$0

*B. Reimbursement plan*

<u>Form</u>	<u>Payment up to Sep 2019</u>	<u>Amount of Refund</u>	<u>Date of Refund</u>
S.5	\$300	\$300	by late Oct 2019

The school fee remission would be refunded to you by issuing a crossed cheque upon showing a signed reply slip from your child / ward. **Please make sure the parent's / guardian's name written on the reply slip is the bearer of the bank account holder.**

You are kindly asked to sign on the reply slip to authorize your child / ward to receive the refund on your behalf, and return it to class teachers on or before Wednesday, 25<sup>th</sup> September 2019. If you do not receive the refund in due course, please inform the General Office immediately.

Yours faithfully,



K.C. Lo

Principal

**Reply Slip (PN\_1920\_030)**Re: School Fee Remission 2019 - 2020 (S5 Full)

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

Dear Principal,

This is to authorize my child / ward to collect the refund of school fee remission 2019 - 2020. My child / ward will sign on receipt of the amount for acknowledgement.

Name: \_\_\_\_\_ Class: \_\_\_\_\_ ( )

Parent's / Guardian's Name: \_\_\_\_\_

**(The bearer of the bank account holder)**

Parent's / Guardian's Signature: \_\_\_\_\_

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians23<sup>rd</sup> September 2019

Dear Parents / Guardians,

**School Fee Remission 2019 - 2020**

We are pleased to inform you that your application for school fee remission for your child / ward has been approved. The approved amount of remission is \$1500. Details of the remission are as follows:

*A. Settlement on students*

<u>Form</u>	<u>School Fee</u>	<u>Instalments</u>	<u>Remission</u>	<u>Settlement in remission</u>	<u>Sums settled (Sep 2019)</u>	<u>Outstanding Settlement</u>
S.5	\$3000	10	\$1500	\$1500	\$300	\$1200

*B. Balance to be paid by students*

Form: S.5	Oct. 2019	\$200	Feb. 2020	\$100
	Nov. 2019	\$200	Mar. 2020	\$100
	Dec. 2019	\$200	Apr. 2020	\$100
	Jan. 2020	\$100	May 2020	\$100
			Jun. 2020	\$100

**Total amount to be paid****\$1200**

Please complete the following reply slip for acknowledgement of receipt of this notice and return it to the class teachers on or before Wednesday, 25<sup>th</sup> September 2019.

Yours faithfully,



K.C. Lo

Principal

**Reply Slip (PN\_1920\_030)**Re: School Fee Remission 2019 - 2020 (S5 Half)

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

Dear Principal,

I hereby acknowledge the receipt of the Notice to Parents / Guardians dated 23rd September 2019 concerning the School Fee Remission 2019 - 2020.

Name: \_\_\_\_\_ Class: \_\_\_\_\_ ( )

Parent's / Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians23<sup>rd</sup> September 2019

Dear Parents / Guardians,

**School Fee Remission 2019 - 2020**

We are pleased to inform you that your application for school fee remission for your child / ward has been approved. The approved amount of remission is \$3000. Details of the remission are as follows:

*A. Settlement on students*

<u>Form</u>	<u>School Fee</u>	<u>Instalments</u>	<u>Remission</u>	<u>Settlement in remission</u>
S.6	\$3000	6	\$3000	\$0


*B. Reimbursement plan*

<u>Form</u>	<u>Payment up to Sep 2019</u>	<u>Amount of Refund</u>	<u>Date of Refund</u>
S.6	\$500	\$500	by late Oct 2019

The school fee remission would be refunded to you by issuing a crossed cheque upon showing a signed reply slip from your child / ward. **Please make sure the parent's / guardian's name written on the reply slip is the bearer of the bank account holder.**

You are kindly asked to sign on the reply slip to authorize your child / ward to receive the refund on your behalf, and return it to class teachers on or before Wednesday, 25<sup>th</sup> September 2019. If you do not receive the refund in due course, please inform the General Office immediately.

Yours faithfully,




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K.C. Lo  
Principal

**Reply Slip (PN\_1920\_030)**Re: School Fee Remission 2019 - 2020 (S6 Full)

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

Dear Principal,

This is to authorize my child / ward to collect the refund of school fee remission 2019 - 2020. My child / ward will sign on receipt of the amount for acknowledgement.

Name: \_\_\_\_\_ Class: \_\_\_\_\_ ( )

Parent's / Guardian's Name: \_\_\_\_\_

**(The bearer of the bank account holder)**

Parent's / Guardian's Signature: \_\_\_\_\_

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians23<sup>rd</sup> September 2019

Dear Parents / Guardians,

**School Fee Remission 2019 - 2020**

We are pleased to inform you that your application for school fee remission for your child / ward has been approved. The approved amount of remission is \$1500. Details of the remission are as follows:

*A. Settlement on students*

<u>Form</u>	<u>School Fee</u>	<u>Instalments</u>	<u>Remission</u>	<u>Settlement in remission</u>	<u>Sums settled (Sep 2016)</u>	<u>Outstanding Settlement</u>
S.6	\$3000	6	\$1500	\$1500	\$500	\$1000

*B. Balance to be paid by students*

Form: S.6	Oct. 2019	\$200	Feb. 2020	\$200
	Nov. 2019	\$200		
	Dec. 2019	\$200		
	Jan. 2020	\$200		

**Total amount to be paid****\$1000**

Please complete the following reply slip for acknowledgement of receipt of this notice and return it to the class teachers on or before Wednesday, 25<sup>th</sup> September 2019.

Yours faithfully,



K.C. Lo

Principal

**Reply Slip (PN\_1920\_030)**Re: School Fee Remission 2019 - 2020 (S6 Half)

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

Dear Principal,

I hereby acknowledge the receipt of the Notice to Parents/ Guardians dated 23rd September 2019 concerning the School Fee Remission 2019 - 2020.

Name: \_\_\_\_\_

Class: \_\_\_\_\_ ( )

Parent's / Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_