

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents / Guardians6th November, 2019

Dear Parent / Guardian,

S3-S5 Phonics Study Course 2019 -2020

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:

- report immediately to Ms. Dong Xin 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;

| Date | Time | Room |
|---|--|------|
| 6/11(Wed), 14/11(Thu), 20/11(Wed), 28/11(Thu), 4/12(Wed), 12/12(Thu), 19/12(Thu), 5/2(Wed), 12/2(Wed), 19/2(Wed) | (Wed) 2:45 – 4:00pm (Thu) 3:45 – 5:00pm | 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. Dong Xin not later than 8th November, 2019. Thank you for your attention.

Yours faithfully,



Mr. Lo KC

Principal

**Reply slip (PN_1920_086)****S3-S5 Phonics Study Course 2019 -2020**

Date: ____ November, 2019

Dear Mr. Lo,

I hereby confirm that I have read and fully understood the above course and I agree my child/ward _____ of Class: _____ () to take part in the Phonics course and pay \$200 for the course fee. I will instruct him / her to attend the lessons punctually.

Signature: _____

Name of Parent / Guardian: _____