

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians24<sup>th</sup> September 2020

Dear Parent / Guardian,

**S3-S5 Phonics Study Course 2020 -2021**

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
Oct: 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> , Nov: 11 <sup>th</sup> , 18 <sup>th</sup> , 25 <sup>th</sup> , Dec: 2 <sup>nd</sup> , 9 <sup>th</sup> , 16 <sup>th</sup> (Wednesday)	2:00 -3:30 p.m.	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 8<sup>th</sup> November, 2020. Thank you for your attention.

Yours faithfully,



K.C. Lo  
Principal

**Reply slip (PN\_2021\_017)**Re: S3-S5 Phonics Study Course 2020 -2021

Date: \_\_\_\_ November, 2020

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: \_\_\_\_\_