PN_2627_017

DELIA MEMORIAL SCHOOL (BROADWAY)

Notice to Parents / Guardians

3rd September, 2026

Dear Parent / Guardian,

Phonics Study Course 2026-2027

Your child/ward_____ of Class _____ (___) will participate in the Phonics Study Course at school. It is to improve his / her English and is also useful in studying other subjects. The schedule will be as follows,

Dates (Wednesday)	Time	Venue
9th, 16th, 23rd September, 2026 (Wednesdays)	2:45 pm - 4:15 pm	Delia Memorial School (Broadway) - Room 217, 1/F
7th, 14th, 21st October, 2026 (Wednesdays)		
11th, 18th, 25th November, 2026 (Wednesdays)		
2nd December, 2026 (Wednesday)		

Please kindly sign and return the reply slip to **Ms. Wong Tsz Wai <u>on or before 7th September (Monday)</u>.**
Please kindly remind your child/ward to attend the activity punctually and beware of safety and discipline.

Thank you for your kind attention.

Yours faithfully,

K. C. Kot
Principal

Reply slip (PN_2627_017)

<u>Re: Phonics Study Course 2026-2027</u>

Date: _____

Dear Principal,

Thank you for arranging the above activity.

I hereby confirm that I have read and fully understood the above course, and I **agree** that my child/ward _____ of Class: _____(__) will take part in the Phonics course.

I will instruct him/her to attend the lessons punctually.

Signature of Parents / Guardian: _____

Name of Parents / Guardian: _____