



Sir Ellis Kadoorie (S) Primary School

9 Eastern Hospital Road, Sookunpo, Hong Kong

Tel: 2577 3489

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1st November 2016

Notice 36 /16-17

To: Parents/Guardians of P.6 pupils,

A Visit to Delia Memorial School (Hip Wo)

A secondary school visit has been arranged for P.6 pupils on 15 November 2016. The visit aims to help pupils explore the school life of the secondary school education that they are longing to pursue in the near future. **Parents or guardians are welcome to join the visit with your child.** The details are as follows:

Venue	Date	Time
Delia Memorial School (Hip Wo)	15-11-2016 (Tuesday)	8:30a.m.-12:20 p.m.
Remarks: 1. Parents please gather in the playground before 8:35a.m. if you join the visit on that day. 2. Pupils will return to school after the visit and classes will be resumed.		

The pupils are required to come to school as usual at 8:25a.m. and they are reminded to wear **proper school uniform**.

Please kindly indicate whether you and your child will take part in the visit by completing the appended reply slip and return it to the class teacher on or before 4-11-2016.

Thank you for your attention.

(Ms Chui Sau-man)

Headmistress

Seize the Day



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Our Vision: Develop fully pupils' potentials
Equip them with life-long learning skills
Help them integrate into local community
Develop a global outlook

Our Mission: It is our mission to provide a positive learning environment that enhances each child's opportunity to learn and to develop through educational programme which recognizes the need for growth in moral, intellectual, physical, social and athletic skills, knowledge and attitude.



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Reply Slip

Notice: 36/16-17

A Visit to Delia Memorial School (Hip Wo)

(Please return it to the class teacher on or before 4-11-2016)

Date: _____

To: Headmistress,

I have read the School Notice No. 36 dated 1-11-2016 and fully understood its content.

1. I *wish* my child to join the visit.

I *do not wish* my child to join the visit because _____.

2. I *will* join the visit to Delia Memorial School (Hip Wo) on 15-11-2016.

I *will not* join the visit.

Name of Pupil: _____ () Class: P.6 _____

Parent's/Guardian's Signature: _____

Parent's/ Guardian's Name in BLOCK LETTERS: _____

Please put a ✓ in the box of your choice.

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