

C.C.C. MONGKOK CHURCH KAI OI SCHOOL
CIRCULAR NO. 17/050E

To: All Parents / Guardian

Date: 26/9/2017

Speech therapy training

Please be notified that _____ of (Class: ____) is going to receive speech therapy training conducted by school speech therapists, Mr Lui Yee Fai / Ms Tong Pui Yin / Ms Wong Hiu Lam on a weekly / bi-weekly basis from _____ to _____ a.m. / p.m. on every / every other _____ in the first semester of school.

If student cannot attend any lesson, please contact the therapists as soon as possible for arranging another time slot.

Please return the following reply slip on or before 29th September, 2017 (Friday). For enquiries, please contact Mr Lui / Ms Tong / Ms Wong at 2393 0119.

Yours faithfully,



(Ms Leung Wun Kam)
Principal



CIRCULAR NO. 17/050E

Reply Slip
Speech therapy training

To: Principal

C.C.C. Mongkok Church Kai Oi School

- I * agree my child to participate in speech therapy training.
 disagree my child to participate in speech therapy training.

Student Name: _____ (Class: _____)

Signature of Parent / Guardian: _____

Date: _____

* Put a“✓” in the appropriate box.

Please return the reply slip to Mr Lui Yee Fai.