



## Sir Ellis Kadoorie (S) Primary School

9 Eastern Hospital Road, Sookunpo, Hong Kong

Tel: 2577 3489 Fax: 2882 4520 Web: www.sekps.edu.hk E-mail: webmaster@sekps.edu.hk

15<sup>th</sup> February, 2022

Circular 27 / 2021-2022

To: Parents / Guardians,

### Parent Academy (February)

In order to promote positive value on individual and parental aspect, we have organized a series of parent talk for all parents. Details for the first one is as follows:

Date	22 <sup>nd</sup> February, 2022
Time	15:30-17:00
Topic	Effective Parent-child Communication
Content:	<ol style="list-style-type: none"><li>1) Growth and child and adolescence</li><li>2) Effective communication</li><li>3) Talking to your child about drugs</li></ol>
Remarks	<ol style="list-style-type: none"><li>1. Places will be allocated by drawing lots if applications exceed 20. Successful applicants will be notified individually.</li><li>2. The meeting will be conducted via Zoom. Login details and the required materials will be given upon the confirmation of participants.</li><li>3. Successful participants please log in 15 minutes prior to the starting time.</li></ol>

For enquiries, please do not hesitate to contact Mr. Wong at 2577 3489. We look forward to seeing you at the workshop.

(Ms. Yu Hing Yin)  
Headmistress

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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

Circular 27

Re: Parent Academy (February)

Date : \_\_\_\_\_

To Headmistress,

I have read the Circular 27/2021-2022 dated 15-02-2022 and fully understand its content.

- I wish to join “Effective Parent Child Communication
- I do not wish to join “Effective Parent Child Communication

\*Please put a ✓ in the box of your choice(s)

Name of Pupil: \_\_\_\_\_ (                    ) Class:        (        )

Name of Parent/Guardian in BLOCK LETTERS: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Emergency Telephone No.: \_\_\_\_\_

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