



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

13th October 2020

Notice: 20/20-21

To: Parents/Guardians,

Post-lesson Group: Maths Elite

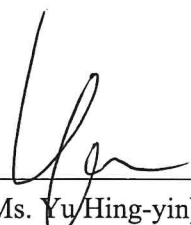
Your child is selected to take part in the Maths Elite post-lesson group which will commence on **27/10/2020 (Tue)** after school. During half-day school or school suspension, real-time lessons will be arranged through MS365 platform. Please indicate whether or not your child will take part in the activity group by completing the attached reply slip and return it to the teacher in-charge latest by 16/10/2020.

Please note that students will be awarded a certificate of attendance for attendance 100% whereas those with an attendance not less than 50% will be recorded on their report cards.

Details are as follows:

Days	Half-day school/ School suspension	Whole-day School
Date	Every Tuesday starting from 27/10/2020	
Time	3:00 p.m.-4:00 p.m.	3:00 p.m.-4:00 p.m.
Venue	MS 365 platform	3A classroom

We believe that children's participation in extra-curricular activities plays an important role in their whole-person development. We hope you will encourage and support your child to join these post-lesson groups.


(Ms. Yu Hing-yin)
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: 20 /2020-2021

Post-lesson Groups: Maths Elite

(Please return it to the teacher in-charge Ms. Chu latest by 16/10/2020)

Date: _____

To: Headmistress,

I have read the School Notice No. 20 dated 13/10/2020 and fully understand its content.

I ☐ agree / ☐ do not agree my child _____ of

P. _____ to take part in the namely group _____ (group name).

***Please indicate the dismissal method of your child after the post-lesson activity when whole day school resumes.**

- ☐ I will pick up my child by myself.
- ☐ His /Her brother(s) and / or sister(s) named _____ of Class _____ will go home with him /her.
- ☐ My child will go home by himself / herself.
- ☐ My child will take the 2nd round school bus at 4:15p.m by Route _____ after the post- lesson.
(This service is only for students who take school bus. The 2nd school bus fee must be paid.)

Pupil's Name: _____ () Class: _____

Parent's/Guardian's Signature: _____

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

Contact Telephone Number: _____ (Home) _____ (Emergency)

**Please mark '✓' in the appropriate box*

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