



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

28th April, 2021
Notice 87 /20-21

Dear Parents/Guardians of P.1- P.3,

Summer Chinese Bridging Programme (2021) **for Non-Chinese Speaking Pupils and Parents**

We are now arranging a Summer Chinese Bridging Programme for P.1-P.3 non-Chinese speaking pupils and their parents during the summer vacation. The Programme aims at providing pupils with a wide range of learning activities to reinforce and consolidate Chinese language learnt. Parents are also welcome to join so as to better understand how well their children are learning at school. Details are as follows:

Date	15th July 2021 to 4th August 2021 (Monday to Friday)
Time	8:30 a.m. to 12:30 p.m.
Venue	Classrooms at school

If you and your child wish to join the Summer Chinese Bridging Programme, please complete the attached reply slip and return it to the class teacher latest by 7-5-2021. Places will be allocated by lot drawing if applications received exceed the quota. For further enquiries about the programme, please contact Ms Lo at 2577 3489. Thank you.

(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

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Summer Chinese Bridging Programme (2021)

for Non-Chinese Speaking Pupils and Parents

(Please return this reply slip to the class teacher on or before 7-5-2021)

To: Headmistress,

I have read the School Notice No.87 dated 28th April, 2021 and fully understand its content.

For Pupils

- (A) ☐ wish to
I ☐ enroll my child in the programme.
☐ do not wish to

Name of child: _____ Class: _____

For Parents who will attend the programme

- (B) ☐ will
I ☐ join the programme with my child.
☐ will not

Name of parent : _____ Relationship with child: _____

Signature : _____

Date : _____

Name of Parent : _____

Telephone No. : _____

Address: _____

*(Information collected in this form is for the purpose of operating the captioned Programme.
The information may be disclosed to other government departments/ service providers for the said purpose.)*

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