



Sir Ellis Kadoorie (S) Primary School

9 Eastern Hospital Road, Sookunpo, Hong Kong

Tel: 2577 3489

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Web: www.sekps.edu.hk

E-mail: webmaster@sekps.edu.hk

31st May, 2022

Notice 89B: 2021-2022

Dear Parents,

Bi-lingual Drama Workshop (Phase 3)

Congratulations! Your child is selected to participate in our school's bi-lingual drama workshop (Phase 3).

The course will be arranged for face-to-face real time lessons at school on Saturdays (9:00a.m.-12:00 n.n.). The workshop is taught by experienced coaches. We hope parents will support our students in the participation of this meaningful event. Details are as follow:

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Dates & Time:	Saturdays (face to face real time lessons at school) Dates: June 11,18 Time: 9:00a.m.-12:00n.n. (there will be mini-breaks during the lessons)
Remarks:	All students must upload the photo of RAT via e-Class Parent App before they come to school on Saturday.

I look forward to seeing your child's participation. For enquiries, please contact Ms Ko at 2577 3489. Thank you.

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 89B /2021-2022

Date: _____

Bi-lingual Drama Workshop (Phase 3) – Cast B

(Please return this reply slip to your class teacher latest by 2/6/2022)

To: Headmistress,

I have read the School Notice No.89B dated 2/6/2022 and fully understand its content.

(Please put "✓" in the appropriate boxes)

My child * ☐ wishes to join the Bi-lingual Drama Workshop (Phase 3)

* ☐ does **not** wish to join the Bi-lingual Drama Workshop (Phase 3)

For **Saturday class**, my child * ☐ will go home by himself/herself after the workshop.

* ☐ will be picked up by parents.

Pupil's name: _____ () Class: P. ()

Parent's/Guardian's Signature: _____

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

Parent's contact phone number: _____ / _____

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