

**Coral Primary School**

Register  
number

**Parental Reply/Acknowledgement Form**  
(To be submitted to Form Teacher by Tuesday, 28 August 2018)

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_

**Please tick (✓) the appropriate boxes and delete accordingly.**

**For all parents**

- I have read and acknowledged the content in September Coral Waves.

**For parents of P4 students only**

**P4 Lessons at Science Centre**

- I acknowledge receipt of this notice and \*allow / disallow my child/ward to attend the above activity.

**For parents of P6 students only**

- I acknowledge receipt of the schedule for **PSLE LC and written examinations**.
- I acknowledge that my child/ward will participate in the **post PSLE programme for P6 students** and am aware of the things that my child/ward needs to bring for the learning journeys to Gardens by the Bay and Southern Ridges.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's /Guardian's Signature

\_\_\_\_\_  
Contact Number