



Coral Primary School

Parental Reply/Acknowledgement Form

(To be submitted to Form Teacher by **Monday, 9 November**)

Name of Student: _____ (Reg No. _____) Class: P __/ ____

A. Parent-Teacher Meet on Tuesday 17 November

Appointment Time: _____ **Venue: Classroom of** _____

- Yes, I am able to meet the Form Teacher on Tuesday 17 November at the given time slot.
- I am unable to meet the Form Teacher at the given time slot and would like the appointment to be rescheduled to _____ (date/time). *[The Form teacher will follow-up with you to confirm the rescheduled appointment]

Name and Signature of Parent / Guardian

Contact Number

Date