

### Acknowledgement Slip

(To be submitted to Form Teacher by **Wednesday, 6 January**)

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

Class: P \_\_/ \_\_\_\_

Name of Parent: \_\_\_\_\_

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

*(Please tick in the boxes)*

#### A. Students' Well-being

- I acknowledge that I have read and discussed the **school rules and values** found in the Student Journal with my child/ward.
- I understand the school's **mobile phone policy**.  
I (will / will not\*) be writing in to request for permission. ***If you are writing in to request for permission, please use the request form in Annex 2***

#### Updating Student's Particulars

- There are NO updates for my child's particulars.
- There are updates for my child's particulars.

<b>Change of address:</b>	<b>Change of Contact Numbers:</b>	
	Home Telephone No:	
	Father's Contact:	(Office)
		(Mobile)
	Mother's Contact:	(Office)
		(Mobile)
	Guardian's Contact:	(Office)
		(Mobile)

**Update on Medical Condition** (please attach a copy of medical documents if available)

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# CORAL PRIMARY SCHOOL

20 Pasir Ris St 51, Singapore 518902, Tel: 65854491 Fax: 65854493

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Dear Parents/Guardians,

## Parent Volunteers

Parents play a very important role in partnering the school in providing the best for our students. Your support and involvement in the school have great impact not only on our programmes and activities but also on the students' growth and development.

We thus would like to encourage our parents to be part of our Parents Support Group (PSG) and volunteer your services to the school. This will be an avenue for you to be directly involved in our school programmes and activities so that you can better support your children. In this letter, we have also attached a form to enquire more about your availability and interests in rendering your services and support in the various school programmes and activities.

We recognise that our parent volunteers have been our valuable partners as they commit their time and effort to support our school programmes and activities. We sincerely value their contributions and services and hope that more parents will come on board. We seek your understanding to submit the Parent Volunteer Form to your child's form teacher by **Wednesday, 6 January 2016**.

We look forward to your partnering with you as we further enrich and enhance our students' learning experiences.

Thank you.

Yours faithfully,

Ms Chong Siew Fong  
Principal

## PARENT VOLUNTEER FORM 2016

**Please refer to the list below and tick (✓) the programme(s) that you would like to be involved in:**

School Programmes/Activities/Events			
Facilitating Recess Activities (eg. Sudoku Challenge)		School Events (Racial Harmony Day, Teacher's Day, Olympic Day)	
Facilitating Library Activities		Sharing of expertise/experiences (eg. Career Day)	
Learning Journeys (during curriculum hours)		Celebration of Festivals (eg. Chinese New Year, Hari Raya, Deepavali, Mooncake Festival)	
Learning Journeys (after school)		Co-curricular activities (CCAs) (eg. assisting in doing make-up for the SYF participants)	
Reading Mums (Reading to our students before/ after school)		Traffic / Recess Duty	

**Please also refer to the table below and indicate any special interests/hobbies and expertise you have by ticking (✓) the respective column(s):**

Culinary		Music (please indicate the musical instrument)	
Photography		Art (drawing, calligraphy, painting, pottery )	
Information Technology		Sports (please indicate the sport you are interested in) _____	
Gardening		Dance (please indicate the type of dance) _____	
Handicrafts		Reading/Writing	

**Please also indicate below any other areas or school programmes/ events you prefer to be involved in:**

1) \_\_\_\_\_

2) \_\_\_\_\_



## Coral Primary School

### Reply Slip

(To be submitted to Form Teacher by **Wednesday, 6 January**)

#### 2016 P2 Dismissal Arrangement

Part A: Particulars of child/ward	
Name	
Chinese Name (if applicable)	
Class	P 2 (            )

Part B: Dismissal arrangement for child/ward		
No.	Dismissal Arrangement (Please select only one)	Please tick (✓)
1.	<b>Exit from the GREEN side gate 1 (near basketball court)</b>	
2.	<b>Exit from the ORANGE side gate 2 (near canteen)</b>	
3.	<b>Exit from the WHITE main gate</b>	
4.	<b>School bus</b>	
5.	<b>Raffles Student Care Centre LLP</b>	
Remarks, if any		

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_