



## Coral Primary School

### Parental Reply/Acknowledgement Form (To be submitted to Form Teacher by **Friday, 4 July**)

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

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

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

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

**Please tick (✓) the relevant boxes.**

**A. P1-P6 Chinese Language Fortnight – Monday, 30 June to Friday, 11 July**

- I acknowledge that I have received notification of the various activities and workshops conducted during the Chinese Fortnight Week.

**B. P2, P3, P4 & P6 Annual School Health Screening**

- I have been informed of the Health Visit and will submit the Health Booklet to the Form Teacher.

**C. ODT Pre-exercise check and Temperature Taking Exercise on Wednesday, 2 and Thursday, 3 July**

- I have noted that my child/ward has to bring his/her ODT on these days.

\_\_\_\_\_  
Name & signature of parent/guardian

\_\_\_\_\_  
Date