

Parental Reply/Acknowledgement Form
(To be submitted to Form Teacher by Friday, 3 March)

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

1st Consolidated Billing for Level-based Enrichment Programmes for Year 2017

I acknowledge that I am aware of the enrichment programmes and the payment for my child/ward.

Name of Parent/Guardian

Date

Parent's /Guardian's Signature

Contact Number