

REPLY SLIP

*Return the completed slip to the Principal of your child's school by **6 August 2018***

GEP SCREENING EXERCISE 2018

To: The Principal

_____ School

I would like/not like* my child/ward, _____,

of Primary 3 _____, to participate in the GEP Screening exercise on **Friday,**

24 August 2018.

Parent's/Guardian's*
Name and Signature

Date

* Please delete accordingly.