

## Reply Slip

### Sharing on Consultancy Study on Communication between Schools and Parents (Primary Schools)

Name of School : \_\_\_\_\_

Name of Contact person : (Mr / Ms\*) \_\_\_\_\_

Phone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

E-mail address: \_\_\_\_\_

Information of Participant(s) :

Serial No.	Name (Full Name) (English)	Identity*	Application Result (Filled in by the Secretariat of CHSC)
1		principal/teacher/social worker/parent	Accepted/ Not Accepted
2		principal/teacher/social worker/parent	Accepted/ Not Accepted
3		principal/teacher/social worker/parent	Accepted/ Not Accepted
4		principal/teacher/social worker/parent	Accepted/ Not Accepted
5		principal/teacher/social worker/parent	Accepted/ Not Accepted

No. of participants : \_\_\_\_\_

Signature of Principal/Chairperson\* of Parent-Teacher Association : \_\_\_\_\_

Name of Principal/Chairperson\* of Parent-Teacher Association : \_\_\_\_\_

Date : \_\_\_\_\_

\* Please delete where appropriate

#### Activity Arrangements under Inclement Weather:

**The activity will be cancelled without further notice when Typhoon Signal No. 8 or above is hoisted or Black Rainstorm Warning Signal is issued at or after 11:30 a.m.**