[Please return **on or before 9 Jan 2019** by fax at 2710 9970 / 2391 0470]

Reply Slip

Sharing on Consultancy Study on Communication between Schools and Parents (Secondary 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.