



中華基督教會桂華山中學
THE CHURCH OF CHRIST IN CHINA KWEI WAH SHAN COLLEGE

地址 ADDRESS : 香港北角雲景道 62 號 62, Cloud View Road, North Point, Hong Kong 電話 TEL : 2571 1285
傳真 FAX : 2807 0085 網頁 WEB : <http://www.ccckws.edu.hk> 電郵 EMAIL : mail@ccckws.edu.hk

Notice (2016/2017) No.9
(S.1~S.4)

23rd January, 2017

Dear Parent/Guardian,

Please be informed of the following:

1. The Parent's Day

In order to strengthen the home-school co-ordination and to let parents know more about the student performance in school since September, our school will hold the 2nd Parent's Day on 11th February, 2017 (Saturday) from 8:00am to 4:00pm. The First Term Examination Report Card will be delivered. Attached please find the reply slip and the details of the Parent's Day. Please select a time slot to meet the class teacher. **All students are required to wear full school uniform and to accompany their parents to the Parent's Day.**

2. Parent Lesson Observation

The first Parent Lesson Observation will be held from 13th February, 2017 (Monday) to 14th February, 2017 (Tuesday). If you are interested in the lesson observation, please contact Ms. Cheung Lai Ming, Assistant Principal at 2571 1285.

3. Uniform Test 2

The Uniform Test will be conducted from 22nd February, 2017 (Wednesday) to 24th February, 2017 (Friday). The timetable and the coverage of the Uniform Test will be released on 8th February, 2017 for your reference. Please remind your child to do revision and to prepare well for the Uniform Test to acquire good results.

4. Enquiry

Should you have any further enquiries, please contact our school at 2571 1285 during office hours.

Yours faithfully,



Mr. Cheng Lai-lam, Felix
Principal

Remarks: Please sign the reply slip and return it to the class teacher on or before 25th January, 2017 (Wednesday).

Bible quote of the month:

On the contrary, we believe that we will be saved through the grace of the Lord Jesus, just as they will. (Acts 15:11)



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REPLY SLIP

(Please hand in the Reply Slip to your class teacher)

Date: _____

To whom it may concern,

I acknowledge the matters stated in Notice (2016/2017) No. 9 and will comply with the school arrangements.

My preferred time slot for meeting the class teacher is as follows:

(Please put a ✓ in the appropriate box)

AM Session	
	8:00am - 8:30am
	8:30am - 9:00am
	9:00am - 9:30am
	9:30am - 10:00am
	10:00am - 10:30am
	10:30am - 11:00am
	11:00am - 11:30am
	11:30am - 12:00noon

PM Session	
	1:00pm - 1:30pm
	1:30pm - 2:00pm
	2:00pm - 2:30pm
	2:30pm - 3:00pm
	3:00pm - 3:30pm
	3:30pm - 4:00pm

Remarks: If you are not available on that day, please make another appointment with the class teacher.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Name of Student: _____ Class: ____ No: ____