



《Phonics Awareness Class》

Dear Parents,

With a view to helping students lay strong foundations for learning English, our school is to provide 20 after-school supplementary lessons for Junior Form students. Due to the limited quota, we selected students who were recommended by teachers. Your child was recommended and has been selected. The details of the class are as follows:

Phonics Awareness Class

Time	Date	Venue
4:05p.m. – 5:05p.m.	Every Tuesday First Term 2/10, 9/10, 16/10, 23/10, 30/10, 6/11, 13/11, 20/11, 4/12, 11/12	G06
	Second Term 26/2, 5/3, 12/3, 19/3, 26/3, 2/4, 9/4, 30/4, 7/5, 14/5	

Please urge your child to attend the lessons on time. If students cannot attend the class due to sickness or other justified reasons, they should apply for leave in accordance with the school rules. For enquiries, please contact the General Office at 2471 2622.

Yours sincerely,

Ng Chiu Mei
Principal

《Reply Slip》

(BHS18033)

(Please return the slip to your English teacher on or before 28/9/2018.)

To Bethel High School,

I acknowledge the arrangements of the Phonics Awareness Class and I will urge my child _____ (Class: _____ Class no.: _____) to attend the lessons on time.

Parent's Signature: _____

Date: _____