





**REPLY FORM**

To: Mr Lee Tze Hoong  
Teacher-in-Charge



In the box, please indicate 'Yes' if you give consent and 'No' if you do not give consent.

S/N	Activity	Date	Time	Parent's Consent (please circle)
1	Training	31/10 (Wed)	0830 – 1230 hr	Yes / No, Reason : _____
2	Training	2/11 (Fri)	0830 – 1230 hr	Yes / No, Reason : _____
3	Training	13/11(Tue)	0830 – 1230 hr	Yes / No, Reason : _____
4	Training	16/11 (Fri)	0830 – 1230 hr	Yes / No, Reason : _____
5	Training and Farewell Lunch	20/11 (Tue)	0830 – 1330 hr	Yes / No, Reason : _____
6	Training	21/11 (Wed)	0830 – 1230 hr	Yes / No, Reason : _____
7	Training	23/11 (Fri)	0830 – 1330 hr	Yes / No, Reason : _____
8	Training	27/11 (Tue)	0830 – 1230 hr	Yes / No, Reason : _____
9	Training	28/11 (Wed)	0830 – 1230 hr	Yes / No, Reason : _____
10	Training	30/11 (Fri)	0830 – 1230 hr	Yes / No, Reason : _____
11	Training	17/12 (Mon)	0830 – 1230 hr	Yes / No, Reason : _____
12	Training	18/12 (Tue)	0830 – 1230 hr	Yes / No, Reason : _____
13	Training	19/12 (Wed)	0830 – 1230 hr	Yes / No, Reason : _____
14	Training	28/12 (Fri)	0830 – 1230 hr	Yes / No, Reason : _____



QR Code for School Website



Name of Pupil: \_\_\_\_\_

Class : \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
(\* Father / Mother / Guardian)

Date : \_\_\_\_\_/2018

In the event of any emergency please notify:

Name: \_\_\_\_\_ Relationship to Pupil : \* Father / Mother / Guardian

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ (Home) \_\_\_\_\_ (Handphone) \_\_\_\_\_ (Office)

\* Delete accordingly