Seize the Day

Our Vision: Develop fully pupils’ potentials
Equip them with life-long learning skills
Help them integrate into local community
Develop a global outlook

Our Mission: It is our mission to provide a positive learning environment that enhances each child’s
opportunity to learn and to develop through educational programme which recognizes the
need for growth in moral, intellectual, physical, social and athletic skills, knowledge and
attitude.

Sir Ellis Kadoorie (S) Primary School
9 Eastern Hospital Road, Sookunpo, Hong Kong
Tel: 2577 3489    Fax: 2882 4520    Web: www.sekps.edu.hk    E-mail: webmaster@sekps.edu.hk

5th September, 2003
Notice No.: 18/03-04

Dear Parents/Guardians,

Nepalese Language

Further to our notices issued last school year, we are pleased to advise that arrangement has
been made with a Nepalese teacher to hold Nepalese language as Post-lesson groups for all interested
pupils. Detailed arrangement of the programme is as follows:

Programme Starting Date: 22nd September, 2003 (P. 1 to P. 3)
25th September, 2003 (P. 4 to P. 6)

Operating days: Every Monday (P. 1 to P. 3)
Every Thursday (P. 4 to P. 6)

Time: 3:00 p.m. – 4:00 p.m.

Venue: 5B Classroom

Parents are invited to meet the Nepalese teacher on the Programme Starting Days if you
would like to know more about the programme provided. Parents are requested to indicate in the Reply
Slip whether you wish your child to join the programme and return to the Class Teacher not later than 11th

Thank you for your attention.

Mrs. TANG LEUNG Yuet-may
Headmistress
Reply Slip
Notice: 18/03-04
Nepalese Language
(Please return to the Class Teacher before 11th September, 2003)

Date: _____________

To: Headmistress,

I have read the School Notice No. 18 dated 5th September, 2003 and fully understand its content.

☐ I wish my child to join the Nepalese Language Programme
   * I will pick up my child after the programme.
   My child will go home by himself/herself after the programme.

☐ I do not wish my child to join the Nepalese Language programme.

Pupil's Name: ________________________________ ( ) Class: ____________

Parent's /Guardian's Signature: ________________________________

Parent's/Guardian's Name in BLOCK LETTERS: ________________________________

☐ Please tick the appropriate box.
   * Please delete the inappropriate.