



# Sir Ellis Kadoorie (S) Primary School

9 Eastern Hospital Road, Sookunpo, Hong Kong

Tel: 2577 3489

Fax: 2882 4520

Web: [www.sekps.edu.hk](http://www.sekps.edu.hk)

E-mail: [webmaster@sekps.edu.hk](mailto:webmaster@sekps.edu.hk)

Notice 54/2020-21

29<sup>th</sup> January 2021

To: Parents/ Guardians

## Homework Supporting Programme

Your child \_\_\_\_\_ of Class ( ) has been selected to join the Homework Supporting Programme after school in the 2<sup>nd</sup> term. The programme aims at helping pupils to complete their work and develop their self-management skills in handling homework. Details of the programme are as follows:

	P.1 Homework Support Programme (Group A/B/C/D/E/F/G)
Date	3.2.2021 – 21.5.2021 (2 <sup>nd</sup> Term)
	Mondays/ Tuesdays/ Wednesdays/ Thursdays/ Fridays
Time	2:45 p.m. to 3:25 p.m. / 3:30 p.m. to 4:10 p.m.
Venue	Online lessons via TEAMS
Remarks	All <b>cameras</b> should be <b>switched on</b> so that teachers can interact with students and provide them with instructions and feedback.

Please indicate whether your child will join the programme by returning the reply slip to Ms HO on before 1<sup>st</sup> February 2021 (Monday).

Ms YU Hing-yin  
Headmistres

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**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.



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## Reply Slip

### Notice No.54/20-21

#### Homework Supporting Programme

(Please return to the teacher-in-charge on or before 1<sup>st</sup> February 2021)

Date: \_\_\_\_\_

To: Headmistress,

I have read the School Notice No.54/20-21 dated 29<sup>th</sup> January 2021 and understand its content clearly.

☐ I **wish** my child to join the Homework Supporting Programme.

☐ I **do not wish** my child to join the Homework Supporting Programme.

Pupil's Name: \_\_\_\_\_ ( ) Class: \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

Parent's/ Guardian's Name in BLOCK LETTERS: \_\_\_\_\_

Parent's/ Guardian's Telephone Number: \_\_\_\_\_

Parent's/ Guardian's Email Address: \_\_\_\_\_

☐ Please tick against your choice.

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