



XINGHUA PRIMARY SCHOOL

45 HOUGANG AVENUE 1, SINGAPORE 538882

TEL: 6288 9121 FAX: 6283 8831

ADM 05/15

26 January 2015

Dear Parents/Guardians

Parent-Child-Teacher Conference (P2,P3 and P5)

1. To promote continuous partnership with parents in support of our pupils' holistic development, the school is organising the 1st Parent-Child-Teacher Conference (PCTC) on **6 February 2015 (8.00am – 1.30pm)**. Please indicate in the reply slip 2 possible timings you would be able to meet the Form teacher and return the reply slip by **29 January 2015**, and the teacher will respond to you soon with the confirmed timing.
2. Please note that the teachers will try to accommodate one of your preferred timings, however please understand that teachers may do adjustment if necessary as he /she will be arranging to meet most of the parents that day. Also, we will need to limit the meeting time of each parent to 15 minutes so that we can provide all parents with sufficient discussion time. Teachers may also arrange for individual sessions after the session if parents are unable to meet them on the scheduled date.
3. To facilitate the conduct of the PCTC, your child is required to attend the session with you as he/she will be participating actively in the dialogue to reflect on his/her learning and school experience. Please ensure that he/she comes in the school uniform.
4. We look forward to meeting and working together with you.

Thank you.

Mr Richard Chong
Vice-Principal

Acknowledgement slip (PCTC)

I, _____, parent/guardian of _____, of Primary___ hereby acknowledge receipt of the letter ADM 05/15, dated 26 January 2015.

- I will / will not* be attending the session.

- *Preferred timing

- Between 8.00am and 9.00am
- Between 9.00am and 10.00am
- Between 10.00am and 11.00am
- Between 11.00am and 12.00pm
- Between 12.00pm and 1.00pm
- Between 1.00pm and 1.30pm

*Each session will be approximately 15 minutes.

- I have more than 1 child currently studying in school (Yes / No*)

If yes, _____ (name of child) from _____ (Class)
_____ (name of child) from _____ (Class)
_____ (name of child) from _____ (Class)
_____ (name of child) from _____ (Class)

Parent's/Guardian's signature

Contact number



Confirmation Slip (PCTC)-Only to be completed by teacher

Parent/Guardian of _____, of class _____, your confirmed timing for the PCTC is _____.

Thank you for taking time to attend the PCTC.

We look forward to meeting you.