



Acknowledgement Slip

Index No:

To: Form Teacher
Woodlands Ring Primary School

Primary 6 Continual Assessment 1 (CA1) Schedule 2016

Name of Pupil: _____

Class : Primary _____

I acknowledge receipt of Parent Circular 55/16 dated 11 February 2016.

Signature of Parent / Guardian*

Name of Parent / Guardian*

Date: _____

Contact Nos.: _____ (H) _____ (O) _____ (HP)

*Please delete accordingly.



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