



Ref No: PCPS 2024/027

16 January 2024

Dear Parents / Guardians,

**REMEDIATION CLASSES FOR P6 STUDENTS – TERM 1 2024**

In order to provide targeted academic support to your child/ward, \_\_\_\_\_ of Class P6 \_\_\_\_\_ has been identified to attend remediation for the following subject(s).

Day/Time	Subjects	
<b>Friday, 2 p.m. – 3 p.m.</b>	<input type="checkbox"/> English Language <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Mother Tongue Language	<input type="checkbox"/> Foundation English Language <input type="checkbox"/> Foundation Science <input type="checkbox"/> Foundation Mother Tongue Language
<b>Friday, 3 p.m. – 4 p.m.</b>	<input type="checkbox"/> English Language <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Mother Tongue Language	<input type="checkbox"/> Foundation English Language <input type="checkbox"/> Foundation Science <input type="checkbox"/> Foundation Mother Tongue Language

The remediation schedule for Term 1 is as follows:

Session	Dates
1	26 January 2024
2	2 February 2024
3	16 February 2024
4	23 February 2024
5	1 March 2024

Please return the completed Reply Slip to your child/ward's Form Teacher by **Friday, 19 January 2024**.

If you have any queries, you may speak to your child/ward's Form Teacher. Alternatively, you may contact the following key personnel via email or call them at Tel: 63857339.

- Mdm Nor Azilah (Year Head) : [nor\\_azilah\\_abdullah@schools.gov.sg](mailto:nor_azilah_abdullah@schools.gov.sg)
- Mr Ang Hiang Soon (HOD MTL) : [ang\\_hiang\\_soon@schools.gov.sg](mailto:ang_hiang_soon@schools.gov.sg)

Thank you.

Yours sincerely,

Mrs Teo Whye Choo  
Principal



Name of Student : \_\_\_\_\_

Class : P6 \_\_\_\_\_

### **REPLY FORM**

**Our Ref: PCPS 2024/027**

Activity: P6 Remediation T1/2024

Staff I/C: Mr Ang Hiang Soon

*(Please return this reply form **by Friday 19 January 2024.**)*

- I have received your letter dated 16 January 2024 and noted the contents.
- I have indicated my responses below. *(Please tick the appropriate box.)*
  - ☐ I **allow** my child / ward to attend the remediation lessons on the dates listed in the letter.  
*(Please inform your child's Form teacher on days when he/she is unable to attend.)*
  - ☐ I **do not allow** my child / ward to attend the remediation lessons.

Name of Parent / Guardian*		Signature	
Contact of Parent / Guardian*		Date	

\* Please delete where applicable.