



# MAYFLOWER PRIMARY SCHOOL

200, ANG MO KIO AVENUE 5

SINGAPORE 569878

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<http://www.mayflowerpri.moe.edu.sg>

12 April 2018

Notification: 040/2018

Dear Parents/Guardian,

## RE: P4 SA1 Oral Examinations

Please be reminded that SA1 Oral Examinations will be conducted **after school** on the following days and all afternoon classes and CCAs for the week will be suspended:

Day	Date	Subject	Venue	Time
Thu	19 April	Mother Tongue Language	Hall	2.00pm - 4.30pm
Tue	24 April	English Language	Hall	2.00pm - 4.30pm

Please note that pupils will be dismissed for lunch at 1.30pm on the above dates and they will have to report to the examination venue by 2.00pm. There will be two shifts and your child/ward will be reminded which shift he/she has been assigned to.

### Dismissal Arrangement:

<u>Shift 1</u>	<u>Shift 2</u>
Pupils in this shift will be dismissed at 3.45pm.	Pupils in this shift will be dismissed at 4.30pm.
<b><u>School Bus</u></b> Pupils taking the school bus will <u>only be dismissed at 4.15pm</u> as there is only one pick up time arranged after the oral examinations. <b>Please note that pupils will have to pay for the additional trip.</b>	
Bus fares for services after school activities by distance	
<b>Distance</b>	<b>Per trip</b>
Up to 2km	\$3.00
>2-4km	\$6.00
>4-6km	\$8.00
>6-8km	\$10.0
<b><u>Dismissal</u></b> Pupils will be dismissed via Gate B only.	

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Please return the Acknowledgement Slip to your child/ward's form/co-form teacher by Friday, 13 April 2018. **Attendance is compulsory and your child/ward is expected to take his / her examination on both days. If he/she is exempted from Mother Tongue Language, he/she need not stay on the day of the Mother Tongue Language examination.**

**All absences must be covered with Medical Certificates.**

Thank you.

Yours sincerely,

\_\_\_\_\_  
Mrs Lim - Chua Siow Ling  
Principal

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**Acknowledgement Slip**

P4 SA1 Oral Examination

**Reg No:**

I, parent/guardian of \_\_\_\_\_, Class 4 ( ) acknowledge that I have noted the content of the above notification and will ensure that my child/ward takes his / her Oral Examination/s as scheduled.

Please tick

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**My child/ward will take the school bus. I am aware that the bus leaves at 4.15pm sharp and that he/she has to pay for the trip.**

**My child will be picked up.**

**My child will go home by himself/herself.**

Name: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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