



MAYFLOWER PRIMARY SCHOOL

200, ANG MO KIO AVENUE 5

SINGAPORE 569878

TELEPHONE: 64520849 FAX: 64534116

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

12 April 2018

Notification: 040B/2018

Dear Parents/Guardian,

RE: P6 SA1 Oral & e-Oral Examinations

Please be reminded that SA1 Oral (EL) and e-Oral Examinations (MTL) 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 |
|-----------|---------------------|--|-----------|-----------------|
| Tue | 17 April | English Language / Foundation English Language | Hall | 2.00pm - 5.00pm |
| Thu & Fri | 26 April / 27 April | Mother Tongue Language / Foundation Mother Tongue Language | Classroom | 2.00pm - 5.00pm |

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.

Dismissal Arrangement:

Please note that pupils will be dismissed after they have been tested.

School Bus

Pupils taking the school bus will only be dismissed at 4.15pm as there is only one pick up time arranged after the oral examinations. **Please note that pupils will have to pay for the additional trip.**

Bus fares for services after school activities by distance

| Distance | Per trip |
|-----------|----------|
| Up to 2km | \$3.00 |
| >2-4km | \$6.00 |
| >4-6km | \$8.00 |
| >6-8km | \$10.0 |

Mayflower Primary School | Our Pupils, Exemplary Citizens of Tomorrow



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

12 April 2018

Notification: 040B/2018

Acknowledgement Slip
P6 SA1 Oral Examination

| |
|----------------|
| Reg No: |
|----------------|

I, parent/guardian of _____, Class 6 () 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"/> | 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. |
| <input type="checkbox"/> | My child will be picked up. |
| <input type="checkbox"/> | My child will go home by himself/herself. |

Name: _____

Relationship to pupil: _____

Signature: _____

Date: _____



Mayflower Primary School | Our Pupils, Exemplary Citizens of Tomorrow

