



1 August 2023

2023-197

Dear Parents and Guardians of \_\_\_\_\_,

Class : P6 ( )

**PSLE Oral Reporting and Dismissal Times**

This letter is to inform you with regards to PSLE Oral on 15<sup>th</sup> and 16<sup>th</sup> August 2023.

	Subject	Time
Day 1 : Tue, 15 August	Foundation English Language / English Language/ Mother Tongue Languages	0710 to 1330
Day 2 : Wed, 16 August	English Language Foundation Mother Tongue Languages / Mother Tongue Languages / Non-Tamil Indian Languages	0710 to 1330

Please see the details below for your child's / ward's reporting and dismissal times.

**(Oral (Index No. \_\_\_\_\_ EL Team No. : \_\_\_\_\_ MT Team No. : \_\_\_\_\_ )**

Should you have further clarifications, feel free to contact your child's / ward's form teachers.


Date	Subject	Reporting Time	Reporting Venue	Approx. Dismissal Time
15 August 2023 (Tuesday)	<input type="checkbox"/> English <input type="checkbox"/> Foundation English <input type="checkbox"/> Mother Tongue	<input type="checkbox"/> Session 1: 7.10 a.m. <input type="checkbox"/> Session 2: 10.00 a.m.	Designated seats in School Hall	Session 1: after 11.10 a.m.
16 August 2023 (Wednesday)	<input type="checkbox"/> English <input type="checkbox"/> Mother Tongue <input type="checkbox"/> Foundation Mother Tongue <input type="checkbox"/> Non-Tamil Indian Language	<input type="checkbox"/> Session 1: 7.10 a.m. <input type="checkbox"/> Session 2: 10.00 a.m.		Session 2: after student finishes examination

Please get your child/ward\* to return the acknowledgement slip by 7 August 2023 (Monday).

We wish your child/ward\* all the best in the upcoming PSLE Oral.

Thank you.

  
Ms Seah Lay Keng  
Senior Teacher, Chinese Language

  
Ms Aileen Poon  
Lead Teacher, Mathematics

  
cc. Mrs Manokara S  
Principal

### Acknowledgement Slip

**Re: PSLE Oral Reporting and Dismissal Times**

To : Form Teacher of Class : P6 ( )  
Cantonment Primary School

I have read and noted the reporting and dismissal times for PSLE Oral on 15 and 16 August 2023. I will ensure that my child/ward reports punctually to school at the stipulated time.

Name of Student		Date	
Name and Signature of Parent/Guardian		Relationship to Student	
Contact Numbers			
	_____ (HP)	_____ (H)	_____ (O)

*\*Delete where applicable*