



Arrangements for Student Dental Checkup (P.4A)

Dear Parents,

The school has received notice from the School Dental Care Service. Your child has been given an appointment to receive a dental checkup service during school hours on the following date. The class teacher will take your child to the Argyle Street Jockey Club School Dental Clinic by coach. School hours are as usual.

Class: 4A

Date: 12th January, 2026 (Monday)

Check-up Schedule: 10:45 a.m. to 12:10 p.m.

Place: Argyle Street Jockey Club School Dental Clinic

Remarks: Please remind your child to bring a toothbrush, a copy of their identification document, and the SDCS Student Handbook.

Please hand in the reply slip to your child’s class teacher on or before 9th January, 2026.

Principal: Cheung Lai Wan

----- ✂ ----- (Reply Slip) ----- ✂ -----

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CGY/25-26/15

To: Ms. Cheung Lai Wan
Principal
Shamshuipo Kaifong Welfare Association Primary School

I understand the arrangements for the Student Dental Checkup.

Class _____ Student name: _____ ()

Signature: _____

Date: _____