

Yiu Tung Baptist Kindergarten

Parent-Teacher Association Election

October 6, 2023

Dear Parents,

We believe that in the process of educating children, school education and family education complement each other. If schools and parents communicate closely, cooperate with each other, and work together to promote children's academic and physical and mental health, it will be of great benefit to the children.

It has been 30 years since our school operated. In the past days, we have continued to hold different parent-child activities to help parents and children establish a harmonious parent-child relationship. In order to enhance the closer relationship and cooperation between parents and the school, the Parent-Teacher Association (PTA) will be formally established in 2023-2024. Parents are welcome to run for election and join the work of our PTA. In addition to running for the election yourselves, you can also nominate other parents to run for it.

Please put the nomination form into the collection box in the school before October 13 (Friday). The school will arrange to display the candidate information in the school from October 18 to October 20, and the election will be held on October 25 (Wednesday). The results of the voting will be announced before October 31 after counting by members of the organizing committee and teachers at the school. We hope that all parents can take the initiative to participate and work together for the benefit of the children.

Yours faithfully,

Ms T.Y. Chan

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To: Yiu Tung Baptist Kindergarten

- I am willing to participate in the work of the "Parent-Teacher Association" through election.
- I nominate the following parent to participate in the work of the "Parent-Teacher Association" committee members.

Notes: 1. The consent of the nominee must be obtained.

2. Current members can be nominated for re-election. Please see the attachment for the list.

Please nominate yourself or recommend the list of members for the 1st "Parent-Teacher Association".

Student Name	Class	Name of Parent	Contact Number

Student Name: _____

Class: _____

Name of Parent: _____

Parent's Signature: _____

Date: _____