寶覺小學
PO KOK PRIMARY SCHOOL
香港跑馬地山光道十一號
11, SHAN KWONG ROAD, HAPPY VALLEY, HONG KONG.
TEL:2573 7911 · FAX:2572 4364

Ref no: 076cE

16th December, 2025

Dear P.5 Parents/Guardians,

Re: **Dental Care Service in January (P.5)**

The dates and time of the Dental Care Service for P.5 are as follows,

1.

Class：	P.5A
Date：	13th January, 2026 (Tuesday)
Time：	08:30a.m. – 10:25a.m.

2.

Class：	P.5B
Date：	14th January, 2026 (Wednesday)
Time：	08:30a.m. – 10:25a.m.

3.

Class：	P.5C
Date：	15th January, 2026 (Thursday)
Time：	08:30a.m. – 10:25a.m.

Remarks:

1. Students must wear PE uniform on the day of the Dental Care Service.
2. No transportation fee is required.
3. Students will have lessons at school before and after the Dental Care Service.
4. Students without parent's permission to go to the Dental Care Service will stay at school for self-study.
5. If parents would like to accompany your child during dental appointment, please arrive at the dental clinic according to the appointment time. The address of the dental clinic is as follows,
   Venue: 1/F, MacLehose Dental Centre, 286 Queen's Road East, Wan Chai

Please return the reply slip to the class teacher **no later than 22nd December, 2025**. Thank you for your kind attention.

Yours faithfully,

Ms Kathy Chung
Principal

----------Reply Slip----------

To the School (Ref no: 076cE),
Regarding the information of the Dental Care Service in January (P.5), I have read the notice and the information is acknowledged.

Please tick the appropriate box.

☐	My child has my permission to go to the dental clinic with teachers and I will not accompany him/her.
☐	I will accompany my child on the day of the dental appointment. I will arrive at the dental clinic on my own according to the appointment time **at 8:30 a.m**.
☐	My child will not have the Dental Care Service and will stay at school for self-study.

Name of student: _____( ) Class: _____

Signature of parent: _____ Date: _____