

REPLY SLIP

TO: ROSARYHILL SECONDARY SCHOOL

(Fax No: 2838-6141)

Admission Info and Activity Day

Name of School: _____

Name of Visitor: _____

We are interested in :

<input type="checkbox"/> Morning session		<input type="checkbox"/> Afternoon Session	
Number of participants:	Students : _____ Parents : _____	Number of participants:	Students : _____ Parents : _____
Name of teacher-in-charge :			
Contact number :			

*Please tick as appropriate