



سكوله سينت جورج  
ST. GEORGE'S SCHOOL

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Our Ref : SGS/SC/P/754  
Date : 19<sup>th</sup> September, 2016  
To : All Year 5 Parents & Guardians

**RE: RESERVATION OF YEAR 6 SEATS FOR ACADEMIC YEAR 2017**

With reference to the above subject, we would like to request for your cooperation to decide which **Year 6 session** you would like your child/ward to be allocated in for next year.

Morning Session - 7.15 am to 12.20 pm  
Afternoon Session - 12.30 pm to 5.30 pm

Please fill in the reply slip below. Then cut the completed reply slip and return it to the Class Teacher on/before **Monday, 3<sup>rd</sup> October 2016**.

Please be reminded that due to the limited number of students in each class, we may not be able to accommodate all parents' & guardians' requests. Hence, allocation will be done on a **first come, first serve basis**.

Thank you for your cooperation and understanding.

JANIDI JINGAN  
Principal



**RESERVATION OF YEAR 6 SEATS FOR ACADEMIC YEAR 2017**

I, (Name of parent/guardian) \_\_\_\_\_ hereby requests for my child/ward \_\_\_\_\_, currently studying in **Year 5 A / B**, to be allocated in the following session for Year 6, 2017 :

Morning Session (7.00 am – 12.20 pm). Reason: .....

Afternoon Session (12.30 pm – 5.30 pm). Reason: .....

No Preference; any session would do.

.....  
(Signature of Parent/Guardian)