**Schedule of Simplified Procedures**

**Schedule 1B(III)**

**[Only for KGs operating WD classes with proposed annual school fees at $11,690 or below, and increase more than $1,500]**

**Particulars of Parent Consultation**

Name of KG/KG-cum-CCC\*:

School Reg. No.:

* + - * With regard the increase in the proposed annual school fees in 2025/26 school year, my school has issued a letter/circular to parents to explain the amount of the proposed school fees and the reasons for adjustment of school fees. In the reply slips received from parents, more than half of the parents did not have views, and my school has taken appropriate follow-up actions in light of any views and concerns of parents.

|  |  |  |
| --- | --- | --- |
| Date of issue of letter/circular | : |  |
| No. of reply slips issued (No. of students) | : |  |
| No. of reply slips received from parents: | : |  |

Note:

Ample time should be allocated for parent consultation.

🞎 Please ✓ in the box.

\*Please delete whichever is inappropriate.

|  |  |
| --- | --- |
| Signature of Supervisor： |  |
| Name of Supervisor： |  |
| Date： |  |

School Chop

|  |
| --- |
| **[SAMPLE]** |
| **Parent Consultation**  |
| **Acknowledgement Slip** |
|  |  |  |  |
| [*Please return* *this slip* ***on or before xx XX 2025***] |
|  |  |  |  |
| **Proposed school fee increase for the 2025/26 school year** |
|  |  |  |  |
| 1. | I acknowledge receipt of your letter of xx XX 2025 informing me the proposed school fee increase for the 2025/26 school year and the reasons for collection of school fees. |
|  |  |  |  |
| 2. | My views on the event of the proposed school fee increase in the 2025/26 school year are as follows (Optional): |
|  |   |
|  |   |
|  |   |
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|  |   |
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|  |  |  |  |
|  |  |  |  |
|  | Student's Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  |  |  |  |
|  | Class: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) | Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ |