



**ST FRANCIS
METHODIST SCHOOL**

Possibilities to Realities

where no one is left behind

Date received _____

Serial No _____

FEEDBACK FORM

Feedback from Student / Parent / Guardian

Name of Student / Parent / Guardian			Class	
Email Address			Contact No	
Date & Time of Incident		Venue of Incident		
Details of the Incident / Feedback / Complaint / Appeal: (Please provide the details on a separate paper if the space provided is insufficient)				
Signature of Student / Parent / Guardian			Date	

Confidentiality Clause: St Francis Methodist School is committed to maintaining the confidentiality of the students' personal information and undertakes not to divulge any of the students' personal information to any third party without prior written consent of the student subject to the obligation of SFMS to disclose to any Singapore government authority any information relating to the student in compliance with the law and/or organization conferring/awarding the qualification.

Outcome (For Office Use Only)

Handled by: <i>(Name of School Staff)</i>			
Designation			
Actions Taken / Outcome:			
Date of Response to Student / Parent / Guardian		Corresponding email/letter attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of School Staff		Date	
Approved by Name, Designation, and Signature		Date	

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