



聖公會白約翰會督中學
S.K.H. BISHOP BAKER SECONDARY SCHOOL

新界 元朗 鳳攸南街十號
NO. 10 FUNG YAU SOUTH STREET, YUEN LONG, N.T.
TEL: 24754778-9 FAX NO.: 24799150



6th December, 2023

Dear Parents / Guardians,

S1: A Visit to Ocean Park (LTP23/105)

In line with the belief that learning trips, which enhance learning effectiveness and foster appreciation for authentic learning, are essential parts of quality education, our school actively initiates a series of activities and outings on **Diversity Learning Day**. The Visit to Ocean Park, which is well linked to our school-based curriculum with follow-up activities and reflections, are thoughtfully designed and guided by our teachers. Details are as follows:

Title of activity	: A Visit to Ocean Park
Date	: 1 st March 2024 (Friday)
Activity location	: Hong Kong Ocean Park
Meeting time	: 9:00 a.m.
Meeting point	: S1 Classrooms
Dismissal time	: Around 5:00 p.m.
Dismissal point	: School covered playground
Fees	: Entrance ticket: \$60 + Transportation fee: around \$60 Total: around \$120 (will be deducted from Smart Card) ● The fees will not be returned if students are absent from the visit. ● The school has subsidised 50% of the ticket, which costs \$120. ● Students eligible for the Student Activities Support Grant are exempted from the payment.
Transportation	: Coach
Uniform code	: P.E. uniform
Description of activity	: Students will complete a composition about the visit.
Teacher-in-charge	: Ms Mak Tsui-han (麥翠嫻老師)
Remarks	: Please complete the reply slip below and return it to the English teacher by 8 th December, 2023.

Should you have any enquiries, please contact Ms Mak Tsui-han (麥翠嫻老師) at 24754778.

Yours sincerely,

Mr. Wong Lik-hak

Principal



REPLY SLIP

S1: A Visit to Ocean Park (LTP23/105)

Please put a '✓' in the appropriate box

Date: _____

Dear Principal,

I understand the details of the activity and my child will actively participate in this activity.

My child **cannot** attend the activity due to the following reason(s) _____

Class and Class No.: _____ () Name of Parent/Guardian : _____

Name of student: _____ Signature of Parent/Guardian : _____

Student Mobile Phone Number: _____ Contact no. of Parent/ Guardian: _____

Health concern of my child (optional): _____

*Eligible for the Student Activities Support Grant

*Ocean Park Annual Membership (Please show your English teacher the Membership. If you cannot present your Membership on the day of the Visit, you will need to pay for the full Entrance Ticket, which costs around \$500.)