



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



22<sup>nd</sup> February, 2024

**S.4 Diversity Learning Day (LTP23 /149)**

Dear Parents / Guardians,

With a view to providing opportunities for students to widen their horizons in learning, our school is organizing the following activity on 1<sup>st</sup> March, 2024 (Friday). Details are as follows:

Activity:	Day Camp for Health Management with Adventure Based Training (攀石、室內汽槍射擊、團體合作訓練)	
Date(s) (Time):	01/03/2024 (Friday)	
Activity location:	Jockey Club PHAB Camp (賽馬會傷健營)	
Time & Venue:	Assembly:	8:30 a.m., at school
	Dismissal:	Around 5:00 p.m., at school
Meeting place:	S4 Classrooms	
No. of students:	All S4 Students	
Transportation Fee:	Shuttle Bus (Free)	
Teacher-in-charge:	Ms. Lam On-lei (林安妮老師)	
Organiser:	Integrated Education Section	
Dress code:	P.E. uniform	
Remarks	Please complete the reply slip through eClass before 27 <sup>th</sup> February, 2024.	

Please discuss with your child, sign the detachable portion on the bottom of this note in order to indicate your understanding and decision. Students should return the reply slip to class teacher on or before 27/02/2024.

Also note that if you ever have any comments, questions or concerns, please contact Ms. Lam On-lei by phone at 2475 4778 during office hours from 8:00 a.m. to 4:15 p.m. on weekdays.

Yours sincerely,



Mr. Wong Lik-hak, Principal

Date: \_\_\_\_\_

**Reply Slip -- S.4 Diversity Learning Day (LTP23 /149)**

Please put a '✓' into the appropriate box

Dear Principal:

- I understand the details of the activity and am pleased to encourage my child to participate in it punctually.

For the safety of my child, I would like to inform you about his/her health status (optional):  
\_\_\_\_\_

- I appreciate your effort put in arranging the activity but **DISAPPROVE** his/her participation for the following reason(s)

(optional): \_\_\_\_\_

Class (Class no.): \_\_\_\_\_ ( )

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_