



10.4.2024

**S.4 Voluntary Service --- Visiting 'United Court' (LTP23/162)**

Dear Parent / Guardian,

Please be informed that your child, \_\_\_\_\_ (name) of \_\_\_\_\_ (class), has been selected to join the following activity:

Date: 12/4/2024 Day 6 (Classes: 4C, 4D); 22/4/2024 Day 6 (Classes 4A, 4B)  
 Activity Venue: United Court ( 1 Shan Pui Road, Tung Tau, Yuen Long)  
 Activity time: 2:50 p.m. - 4:10 p.m.  
**Gathering Time & Place: 2:50 p.m.(S.4 Classrooms)**  
**Dismissal Time & Place: 4:10 p.m. (Covered playground of SKHBBSS)**  
 Targeted Students: Classes 4A, 4B, 4C and 4D  
 Accompany Staff: Ms. Fong Pik-yuk (4A), Ms. Hung Chun-man (4B), Ms. Leung Pui-ling (4C) and Ms. Lam Wai-ling (4D)

(1) Activity: S.4 students have collected kitchen waste from BBSS students and are using it to create compost. On the day of the visit to United Court, they will transport the compost and participate in the fertilization process.

(2) Purpose of the activity: to promote environmental awareness, sustainability, and responsible waste management practices among students through hands-on learning and engagement with sustainable practices and to help students understand the positive impact of their actions on the community.

(3) Person-in-charge: Ms. Leung Pui-ling (梁佩玲老師)

(4) Transport arrangement: Coach

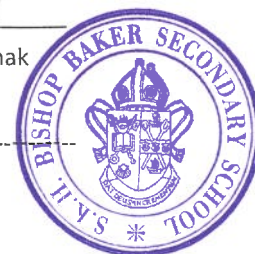
(5) Clothing: PE Uniform

If you ever have any comments, questions, or concerns, please contact Ms. Leung Pui-ling by phone at 2475 4778 during office hours from 8:00 a.m. to 4:15 p.m. on weekdays.

We hope that you will support your child to take part in the activity by completing the reply slip, and reminding him/her to comply with all the activity rules.

Yours sincerely,

Mr. Wong Lik-hak  
(Principal)



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Please put a '✓' into the appropriate box

Dear Principal,

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

I appreciate your effort put in arranging the programme but **DISAPPROVE** his/her participation for the following reason(s) (optional): \_\_\_\_\_

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

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

Contact number of student: \_\_\_\_\_

Contact number of Parent/ Guardian: \_\_\_\_\_

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

Please submit the reply slip to your Class teacher by 11<sup>th</sup> April, 2024.