

## 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



24th October, 2023

## **Diversity Learning Day: Environmental Education Activity (LTP23/066)**

Dear Parents/ Guardians,

With a view to providing holistic education for your child, our school has planned to arrange the following learning activity with the details as follows:

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Contents:	Visit CUHK Climate Change Museum and Eco-tour		
Date(s) (Time):	10 <sup>th</sup> November, 2023 (9:00 a.m. – 1:30 p.m.)		
Venue:	Assembly:	Classroom	
	Activity:	The Chinese University of Hong Kong (CUHK)	
	Dismissal:	School gate	
Target group:	S3 students		
Transport Fee:	HK \$20		
	(School has subsidized the transportation fee. Students eligible for the Student Activities		
	Support Grant are exempted from the above payment.)		
Transportation:	Coach		
Payment method:	Through Smart Card		
Uniform code:	P.E. uniform		
Person-in-charge:	Ms. Shuk-man CHAN (陳淑文老師)		
Organizer:	Geography Department		

Please discuss with your child, sign the detachable portion on the bottom of this note in order to indicate your understanding and decision, and ask your child to return that portion to Ms. Shuk-man CHAN by 27<sup>th</sup> October, 2023. Also note that if you ever have any comments, questions or concerns, please contact Ms. Shuk-man CHAN by phone at 2475 4778 during office hours from 8:00 a.m. to 4:15 p.m. on weekdays.

		Yours sincerely,			
	XXX	(Mr. Lik-hak Wong, Principal)			
	<i>0</i>	Date:			
Please pu Dear Prin	It a ' $\checkmark$ ' into the appropriate box	vironmental Education Activity Reply Slip (LTP23/066)			
	I understand the details of the punctually. For the safety of n	activity and am pleased to encourage my child to participate in it y child, I would like to inform you about his/her health status (optional):			
	I appreciate your effort put in arranging the activity but <u>DISAPPROVE</u> his/her participation for the following reason(s):				
Class (Cl	ass no.):( )	Parent/Guardian Name:			
Student Name:		Parent/Guardian Signature:			
		Emergent Contact No.:			

Please return the reply slip to Ms. Shuk-man CHAN at Staff Room D.