

## 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

## S.5 Diversity Learning Day (LTP23/071)

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 10<sup>th</sup> November, 2023 (Friday). Details are as follows:

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b detivity on 10 November, 2025 (Friday). Details are as follows.	
Activity:	Day Camp for Health Management	
Activity.	with Adventure Based Training (攀石、攻防箭、團體合作訓練)	
Date(s) (Time):	10/11/2023 (Friday)	
Activity location:	Jockey Club PHAB Camp (賽馬會傷健營)	
Time & Venue:	Assembly: 08:30a.m., at school	
	Dismissal: Around 17:00, at school	
Meeting place:	S5 Classrooms	
No. of students:	All S5 Students	
Transportation Fee:	Shuttle Bus (Free)	
Teacher-in-charge:	Mr. Suen Chun-long (孫雋朗老師), 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> October, 2023.	

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 27/10/2023.

Also note that if you ever have any comments, questions or concerns, please contact Mr. Suen Chun-long or 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.5 Diversity Learning Day (LTP23 / 071)
	Please put a '√' into the appropriate box □
Dear Pri	• • • • • • • • • • • • • • • • • • • •
	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 <u>DISAPPROVE</u> his/her participation for the following reason(s) (optional):
Class (Class)	ass no.): ( ) Parent/Guardian Name: Name: Parent/Guardian Signature: