



## Special Notice: 200C/2023-24

15.7.2024

To: P.3-4 Parents/Guardians,

### Summer Chinese Bridging Programme 2024 : Parent-child activities

In order to enhance the home-school cooperation and the interaction between parents, teachers and students, two activities are going to be held in July. The details are as follows:

#### Activity 1: Outdoor Visit

Date:	22 <sup>th</sup> July, 2024 (Monday)
Time:	12:45pm – 3:15pm
Venue:	Sham Shui Po Public Library and Sham Shui Po Leisure & Cultural Building
Remarks:	<ol style="list-style-type: none"><li>1. Students <b>MUST</b> be accompanied by one parent or one guardian as a family unit.</li><li>2. Students should wear school PE uniforms and sports shoes.</li><li>3. In case of adverse weather condition and announcement of school suspension by the EDB, the activity will be cancelled.</li><li>4. Lots will be drawn if applications received exceed the quota.</li></ol>

#### Activity 2: Parent-child Fitness Class

Date:	25 <sup>th</sup> July, 2024 (Thursday)
Time:	1:15pm – 3:15pm
Venue:	School Activity Centre (5/F)
Remarks:	<ol style="list-style-type: none"><li>1. Students <b>MUST</b> be accompanied by one parent or one guardian as a family unit.</li><li>2. Students should wear school PE uniforms and sports shoes.</li><li>3. Parents are suggested to wear sportswear and sport shoes.</li><li>4. Lots will be drawn if applications received exceed the quota.</li></ol>

Please indicate your preference on the reply slip and return it to the class teacher on or before **16.7.2024(Tuesday)**. Should you have any enquiries, please contact Ms Kwok Yan Yi or Ms Ng Yee Man at 2386 8049 during school hours.

Thank you for your attention and co-operation.

(Ms. CHUI Sau-man)

Headmistress

Reply Slip

Summer Chinese Bridging Programme 2024 : Parent-child activities

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

To: Class teacher and Headmistress,

I have read the Special Notice No. 200C/2023-24 dated 15.7.2024 and I fully understand its content.

I wish to join the Activity ① **Outdoor Visit.**

I wish to join the Activity ② **Parent-child FitnessClass**

Name of the Parent : \_\_\_\_\_ (Relationship: \_\_\_\_\_)

Contact No.: \_\_\_\_\_

I **do not wish** to join any of the above-mentioned activities.

Student's Name: \_\_\_\_\_ ( ) Class: P. \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_