

佛 教 黃 鳳 翎 中 學
BUDDHIST WONG FUNG LING COLLEGE

香港佛教聯合會主辦 SPONSORED BY THE HONG KONG BUDDHIST ASSOCIATION

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14th November, 2016

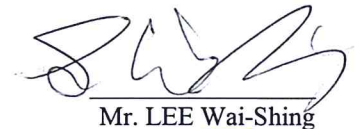
2016/2017 Notice to Parents A30_e
Information about Visit to Science Museum (S.1)

Dear Parents/Guardians,

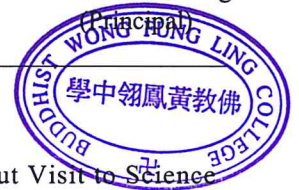
To enhance the understanding of the development of science and technology in Hong Kong among our students, the school is going to organize a visit to the Hong Kong Science Museum. Details are follows:

Date	28 th November, 2016 (Mon)
Assemble Time and venue	2:15 p.m. in respective classrooms
Dismissal Time and venue	5:30 p.m. at school entrance
Travel	Coaches to and from the Hong Kong Science Museum in Tsim Sha Tsui are arranged.
Fee	HKD37 per head (The actual amount depends on the actual number of participants.)
Teachers in charge	Mr. LAM Tin-Cheung, Mr. LAM Kam-Ming, Ms. TONG Po-Lin and Mr. TO Man-Wai
Remarks	1. The due fee will be drawn from student's account via Electronic Payment System on 2 nd December, 2016 (Friday). Please make sure the balance is sufficient for settling the payment. 2. <u>Students who do not participate in this activity are required to stay at school and work on prescribed assignments until school finishes at 3:45 pm.</u>

Please note that the activity will be cancelled should inclement weather occurs, and students will be dismissed under safe circumstances. Please submit the duly signed reply slip to the class teacher on or before 15th November (Tuesday). Should you have any enquiries, please feel free to contact Mr. LAM Tin-Cheung.



Mr. LEE Wai-Shing



Reply Slip
(Please submit to the class teacher on or before 15th November)

Dear Principal,

I acknowledge receipt of 2016/2017 Notice to Parents A30_e regarding Information about Visit to Science Museum (S.1). Please be informed that:

I **permit** my child to take part in the captioned activity, and would like to declare that my child has no health condition or disability which would prevent him/her from taking part in the activity, and that he/she

needs special medical care; please specify (i.e. food allergy): _____

does not need any special medical care

I promise to advise my child that he/she has to take good care of himself/herself, keep his/her personal belongings secure and pay attention to the instructions of teacher--in-charge. In case of emergency, please contact:

_____ (relationship with the student: _____) on _____ (Phone No.)

I **do not permit** my child to take part in the captioned activity.

(Student's name)

(class and class number)

Student's phone number (if any):

(Parent's name)

(Parent's Signature)

※ Please tick the appropriate box.