

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

11, EASTERN HOSPITAL ROAD, SOOKUNPOO, HONG KONG TEL: 2577 9485 FAX: 2881 0148 Website: <http://www.bwflc.edu.hk>
香港銅鑼灣東院道十一號 電話：2577 9485 傳真：2881 0148 網址：<http://www.bwflc.edu.hk>

27th September, 2022

2022/2023 Notice to Parents No. A22_e

Information about New Territories Flag Day hosted by HK Buddhist Association

Dear Parents,

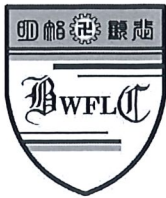
The Hong Kong Buddhist Association was founded in 1945 and has since been promoting charity events to materialize the mercy and kindness of Buddhism for the well being of our population. The proceeds generated from this captioned event is to subsidize social service, improve facilities and enrich developmental fund as well as expand voluntary service for the mental health of the retirees and youth. The School is arranging for student volunteers to join this event, participation of which will be counted as other learning service hours. We appeal to your kind understanding of this meaningful event and solicit your support towards your child's active response. Details of the event is as follows:

Name of Activity	HKBA New Territories Flag Day	Organiser	HK Buddhist Association
Date	19 th November, 2022, Saturday	Flag Selling Location	Shatin
Assemble Time	8:00 am	Assemble Place	BWFLC
Dismissal Time	Around 12:30 pm	Dismissal Place	Buddhist Wong Wan Tin College

Please return the reply slip alongside payment to respective class teachers on or before 29th September, Thursday. Feel free to contact Mr. LAI Yiu-cho for any queries.



Mr. LEE Wai-shing
(Principal)



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Reply Slip

(Please submit to class teacher on or before 29th September)

Dear Principal,

I acknowledge receipt of Notice to Parents 2022/2023 No. A22_e concerning Information about “New Territories Flag Day hosted by HK Buddhist Association”. Please be informed that I # **agree to** / **disapprove** of my child’s participation in the captioned activity. I hereby declare that my child is

※ ☐ in good health and fit to join this activity while abiding by the COVID-19 vaccination policy (his/her mobile number that day is _____)

☐ in need of special care (remarks: _____).

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 _____ (Day-time phone No.)

(Student’s name)

(Class and class number)

(Parent’s name)

(Parent’s Signature)

Please delete as appropriate.

※ Please tick the appropriate box.