

佛 教 黄 鳳 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, CAUSEWAY BAY, 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 26th July, 2022

Notice to Parents 2022/2023 A3 e Information about S1 Summer Bridging Programme

Dear Parents,

To better prepare your child for the Secondary English curriculum before the school starts, our school works with 'Edvenue Limited' to offer a Summer English Bridging Programme. The details are as follows:

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Date	Content (Advanced Course)	Content (Basic Course)
15 th August 2022	Effective CommunicationUse of Dictionary and Vocabulary	Compound NounsSuffix & Prefix
16 th August 2022	building	◆ Adjectives
17 th August 2022	Memory SkillsPresentation Skills	• SVO
Time	8:30-10:00am or 10:30am-12:00nn	8:30-10:00am or 10:30am-12:00nn
Objective	To equip students with a series of study skills and build learning habits for better preparation	
	of English Learning in their secondary school life	
Venue	Classroom (details to be announced on G/F notice board)	
Fee	\$238 HKD	
Remarks	1. Students must attend the lessons in school uniform.	
	2. If EDB announces class suspension, make-up lesson(s) will be scheduled on 18 th August	
	(Thu) if needed.	
	3. Students should do RAT and pass the completed Body Temperature and Antigen Test	
	for COVID-19 Record Sheet to teacher-in-charge or staff for examination to enter the	
	School.	

Mr. LEE, Wai-shing (Principal)

Date:

FUNG

Reply Slip

(Please submit to school office on or before 2nd August, 2022)

Dear Principal,

I hereby acknowledge receipt of Notice to Parents 2022/2023 A3 e regarding information about S1 Summer the programme fee \$238 HKD.

Bridging Programme. I hereby permit / disapprove my child to attend the captioned programme and submit Payment will be settled by Cash Cheque (payable to 'Edvenue Limited'): Cheque no.: _____ (Bank: _____) I would like to declare that my child does not have any health condition that prevents him/her from joining this activity is in need of special medical care, please specify (i.e. food allergy): 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 by teachers in charge. In case of emergency, please contact _____ on ____ (Phone No.) Student's name: Parent's name: Parent's Signature: