

19<sup>th</sup> March, 2010

**SHUNG TAK CATHOLIC ENGLISH COLLEGE CIRCULAR # 118 2009-10**

Dear Parents,

**S4 Field Studies Course for NSS Biology**

In line with the requirements of the NSS curriculum, the Biology Department will join a Field Study Course organized by Ho Koon Nature Education cum Astronomical Centre. It is expected that through field studies, students can further develop skills in problem solving, team-work, planning and conducting investigations, and in communicating and understanding information. As these skills are important in the core part of the Biology curriculum, all students studying Biology must attend.

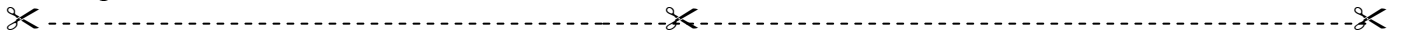
The details of the programme are as follows:

Date	9 <sup>th</sup> April, 2010
Venues	Ho Koon Nature Education cum Astronomical Centre, and Sai Keng in Sai Kung
Target students	S4 Biology students
Place of assembly / dismissal	School
Time of assembly / dismissal	8:00am / about 6:00pm
Fee	HK\$64.0 (Transportation cost \$39 and lunch cost \$25)
Course Provider	Ho Koon Nature Education cum Astronomical Centre

Please sign the reply slip below and ask your child to return it to his/her biology teacher on/before 25th March. Please contact Miss TW Wong or Miss YL Ko at 2476 4263 if you have any enquiries. Thank you.

Yours sincerely,

Ms Lau Fung-yi Lucia  
Principal



**SHUNG TAK CATHOLIC ENGLISH COLLEGE #118 2009-2010**

**S4 Field Studies Course for NSS Biology**

**Receipt**

Receive from \_\_\_\_\_ (Class) \_\_\_\_\_ (Name) the amount of 39 dollars being the payment of **Transportation cost of S4 Field Studies Course for NSS Biology**.

SHUNG TAK CATHOLIC ENGLISH COLLEGE

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

**Reply Slip**

**SHUNG TAK CATHOLIC ENGLISH COLLEGE CIRCULAR #118 2009-10**

**S4 Field Studies Course for NSS Biology**

I have read the parent's letter and I have decided that my child

<input type="checkbox"/>	will participate in the course.
<input type="checkbox"/>	will not be able to participate in the course. * Please provide a letter if your child is unable to do so.

Name of Student: \_\_\_\_\_  
Class and Class No. \_\_\_\_\_  
Name of Parent: \_\_\_\_\_  
Contact Tel. No.: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_