

18 June 2010

SHUNG TAK CATHOLIC ENGLISH COLLEGE CIRCULAR #152 2009-10

Dear Parents,

S3 Adventure Training Day

Our Student Guidance Team is arranging an Adventure Training Day to Secondary 3. This programme is jointly organized by the Salvation Army Hong Kong Education Service and the school.

Details of the programme:

1. Aims of this activity	To provide students with leadership training and opportunities to work with people. Students can learn how to solve problems, as well as enhance their communication and collaboration skills.
2. Date:	3J, 3L : 5 th July 2010 (Monday) 3M, 3P: 7 th July 2010 (Wednesday) 3S : 8 th July 2010 (Thursday)
3. Venue:	The Salvation Army Hong Kong Education Service
4. Place of assembly/ dismissal:	School playground
5. Time of assembly/ dismissal:	7:45 a.m./5:30 p.m.
6. Fee:	Free of charge (<i>Activity sponsored by the Learning Support Grant</i>)
7. Teacher-in-charge:	Ms Y.M.Tsang and Class Teachers
8. Remark:	i. Fill in the lunch order form and the Health Questionnaire form attached ii. House T-shirt or class T-shirt and black or blue long pants or jeans is advised iii. No ornaments iv. Bring water/drinks and stationery

Please return the reply slip with activity information on or before **22nd June 2010**. Should you have any enquiries, please contact any one of the teachers-in-charge at 2476-4263.

Yours sincerely,

Ms Lau Fung-yi Lucia
Principal

----- ✂ ----- ✂ -----
Reply Slip

SHUNG TAK CATHOLIC ENGLISH COLLEGE CIRCULAR #152 2009-2010
S3 Adventure Training Day

I understand the details for the above activity. *My child will join/will not join the activity.

Student's name: _____

Class: _____ ()

Contact Tel. No.(Parent): _____

Contact Tel. No.(Student's mobile): _____

Parent's signature: _____

Date: _____

* Please circle your response.



救世軍教育及發展中心

參加者健康狀況問卷

歡迎您參加「救世軍教育及發展中心」與「天主教崇德英文書院」合辦之『歷奇訓練日』。為著您有一次愉快的經驗，我們希望事先能了解您的身體狀況，讓我們在設計課程時更能配合參加者的需要。我們的訓練講求優質的安全措施，而所有活動均有專業認可的歷奇導師帶領，保證您在活動中的安全。如在活動期間，您的身體感到有任何不適，請立即知會負責導師或工作人員。（這份問卷的內容會絕對保密）

1. 您有否患有心臟病？(需要定期服藥) 否 有，請註明 _____
2. 您有否患有哮喘病？(需要定期服藥) 否 有，請註明 _____
3. 您有否患有高血壓？(需要定期服藥) 否 有，請註明 _____
4. 您有否患有癲癇症？ 否 有，請註明 _____
5. 您有否曾於一年內有骨折/脫臼/脊椎骨移位？ 否 有，請註明 _____

參加者聲明：

本人(中文姓名) _____ 聲明以上填報之所有資料，均屬正確無誤。

參加者簽署： _____

填表日期： _____

備註：

此問卷只供 貴學校/團體參考之用，如個別參加者有上述情況，請於訓練日最少三個工作天前通知本中心活動負責人。