

余振強紀念第二中學

Yu Chun Keung Memorial College No.2

香港薄扶林置富徑一號

1 Chi Fu Close, Pokfulam, Hong Kong

Tel.: (852) 25518285 Fax: (852) 28753867

E-mail: office@yck2.edu.hk

中國語文科及科學科「太平山山頂跨科考察活動」

各位家長:

二零一八年_____月____日

為配合中國語文及科學科學習,本校特安排「太平山山頂跨科考察活動」,詳情如下:

活動目的	透過山頂考察,加深對社區文化和科學的認識
對 象	中一級及中二級非華語同學
地 點	太平山山頂
日 期	2018年3月15日(星期四)
時 間	下午1時30分至下午4時30分
集合時間及地點	下午1時30分 學校有蓋操場
解散時間及地點	下午4時30分 學校有蓋操場
負責老師	盧艷媚助理校長、鄧偉賢老師、余家宏老師、畢子晴老師
費用	\$40 (包括旅遊車及纜車費用)
備註	参加同學須穿著整齊的冬季運動服

貴子女必須參加上述活動,如有任何特殊情況 貴子女未能出席,煩請遞交家長信並列 明缺席原因。

			盧艷媚助理校長	謹上
二零一八年三月八日				
	喜樂的生命	Filling Lives with JOY		
×			-	
		【回條】		
頃接 貴校2017/2018年	度通訊第88號。			
本人□ 同意				
□ 不同意 並遞_	上家長信。			
	• • • • • •	山山頂跨科考察活動」。		
此覆				
余振強紀念第二中學盧豐	色媚助理校長			
	• ··· /·	中級班學生	()
		家長簽署:		
		水		
		緊急聯絡電話:		

* 請請刪去不適用者 2017/18 School Circular No.88



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8th March, 2018

Life-wide Learning Activity: Visit to The Peak

Dear Parents,

To enhance students' knowledge in Chinese and Science, our school's Chinese and Science KLA have arranged the 'Visit to The Peak' for your child. Details of the activities are as follows:

Objective	To enhance Chinese and Science knowledge through the visit		
Participants	F.1 and F.2 NCS students		
Venue	The Peak		
Date	15 th March, 2018 (Thursday)		
Time	1:30pm-4:30pm		
Gathering Time and Place	ne and Place 1:30pm School covered playground		
Dismissing Time and Place	4:30pm School covered playground		
Too shows in shows	Ms. Lo Yim Mei, Mr. Tang Wai Yin, Mr. Yee Ka Wang, Ms. Pat		
Teachers-in-charge	Tsz Ching		
Fee	\$40 (for transportation including the Peak tram and coach)		
Remarks	Students must wear their school P.E uniform		

Student must take part in the above activity. If there is a special reason for absence, please submit a parent letter to clarify the reason.

Ms. Lo Yim Mei Assistant Principal

Filling Lives with JOY

Reply Slip

Date:

To: Ms. Lo Yim Mei (Yu Chun Keung Memorial College No. 2)

I have received 2017/18 School Circular No.88

I agree do not agree with a parent letter submitted

my child to participate in the 'Visit to The Peak'.

F. ____ () Name:

Parent's/Guardian's Signature:

Emergency Tel. No. _____

Please put a '√' in the appropriate box