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
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"Life leader" Adventure Day Camp

12th , June, 2018

Dear Parents,

A "Life leader" Adventure Day Camp will be run by our Guidance Committee and Aberdeen Caritas Community Center. Details are as follows:

Activity	"Life Leader" Adventure Day Camp
Date	28th, June, 2018 (Thursday)
Venue	Ark Life Education House(Ma Wan)
Content	Through the fun and challenging activities, students can get to know their strengths and specialties as well as enhancing their communication skills and leadership skills.
Assembly Time and Venue	8:45 a.m. [School's Covered Playground]
Dismiss Time and Venue	4:30p.m.[School's Covered Playground]
Fee	Free of Charge (including transportation and activity fee)
Teacher in Charge	Ms. Lau Yun Yun, Mr. Andrew Tang, Mr. Chan Tsz Kit, Mr. Guy Lipert and social workers from Aberdeen Caritas Community Center.

Remarks:

1. Students should wear appropriate casual clothes and sports shoes. Besides, they should prepare drinking water for themselves.
2. Students should abide by the school rules during the activity.
3. Any sick leave or special leave should be done under the school's administrative procedures.

Please hand in the completed reply slip and health declaration form to Ms. Lau Yun Yun on or before 15th, June 2018. For enquiries, please contact Ms. Lau Yun Yun -- teacher in charge of GC on 2551 8285.

Note: Students with financial problems or with full allowance will be considered first.

Yours sincerely,

Ms. Lau Yun Yun
Head of Guidance Committee

【Reply Slip】

_____ June 2018

To: Head of Guidance Committee ,

I have received your school circular 2017/18 School Circular No.112k

Please tick in the appropriate box:

☐ I agree my son/daughter to attend the “Life leader” Adventure Day Camp and will remind him or her to be punctual.

☐ I disagree my son/daughter to attend the “Life leader” Adventure Day Camp.

Student’s Name:_____( ) Form 2 Class: ____

Parent’s Signature:_____

Emergency Contact No.:_____

Student’s Contact No.:_____

I, parent of _____( )（Student name）, Class_____ now confirm my fulfillment of the requirements in “School base support grant”(See the Note＊)

Parent’s signature:_____

＊Note: The benefited students of School base support grant should be those who receives community assistance or full allowance before. Candidates with certain financial difficulties can also apply for the above allowance. Your information provided will be confidential and used only for application purpose.