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敬啟者：

23<sup>rd</sup> February, 2017

Dear Parents / Guardians,

**普拉提體適能小組 Pilates Fitness Workshop**

為提升本校學生多方面的興趣，本校將舉辦普拉提體適能小組。貴子弟於本學年已報名參加，詳情如下：

In order to enhance students' interest in different dimension, the school had organized a Pilates Fitness Workshop for all students. Your child had applied, the details are as follows:

日期: Date:	逢星期二(假期及考試除外) 28/2, 7/3, 21/3, 28/3, 25/4, 9/5, 16/5, 23/5 (Total 8 classes) Every Tuesday (Except holidays and exam periods)
時間: Time:	4:00p.m. – 5:00p.m.
地點: Venue:	待定 To be Confirmed
收費: Fee:	\$500 (如學生出席率超過 80%，學校將資助 \$400 學費。) (\$400 will be refunded upon 80% of the attendance.)
備註: Remarks:	如貴子弟未能自備結他上課，學校將為學生免費提供一枝，並於學生完成所有課堂後送贈於貴子弟繼續練習。 The School will prepare each of the students a guitar if they don't have one. The guitar will be given to students free of charge after they have finished the course with 80% attendance.

如同學因事未能出席，必須提交相關證明文件，否則作缺席論。如有其他問題，請聯絡羅佩詩老師/曾智朗老師。

If your child has any difficulties in attending the class, relevant supporting documents have to be provided, else will be counted as absent. If you have any queries, please contact Ms. LAW Pui Sze/ Mr. TSANG Chi Long for more details.

此致

各家長

Thank you for your kind attention.

ECA Department

課外活動組

二零一七年五月廿三日

✂-----回條 Reply Slip-----

敬覆者：

Dear Teachers,

本人已知悉敝子女參加普拉提體適能小組一事，並連同費用（現金/支票）500 元交回學校。

I have acknowledged the details of my child joining the Pilates Fitness Workshop. The payment of \$500 will be made (in cash / by cheque). (支票號碼 Cheque No.: )

此覆

孔聖堂中學

學生姓名 Name of Student: \_\_\_\_\_

學生班別 (學號) Class (Class No.): \_\_\_\_\_ ( )

家長姓名 Name of Parent: \_\_\_\_\_

家長簽名 Signature of Parents: \_\_\_\_\_

日期 Date: \_\_\_\_\_