

**Confucius Hall Secondary School**  
**Circular on the Outside School Activities**

SA2017049E

Date: 24<sup>th</sup> April, 2018

Dear Parents:

I am glad to inform you that your son/daughter has been selected for singing performance. Please read the following details, fill in the reply slip and return it to the school. For any enquiries, please contact the teacher-in-charge.

School choir practice (for Community Youth Club (CYC) Prize Giving Day's performance in 21<sup>st</sup> May, 2018(Monday))

Name of Activity	Date	Time	Venue	Assembly	Dismissal
Choir Singing Pre-performance	14/5(Mon)	1:15pm-1:35pm	Music Room	Music Room	Music Room
Rehearsal Day	Monday 30/4,7/5,14/5	1:15pm-1:35pm (after lunch)	Music Room	Music Room	Music Room
	Thursday 3/5,10/5,17/5		Music Room	Music Room	Music Room
Performance of Prize Giving Day	21/5(Monday)	3:00pm-4:30pm	SKH Tang Shiu Kin Secondary School( Hall) No.9 Oi Kwan Road, Wan Chai, HK	Music Room	SKH Tang Shiu Kin Secondary School

Fees: Free

Teacher-in-charge: Mrs. Beatrice Lam

\_\_\_\_\_  
School Chop

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**Reply Slip**

(Please return to Class Teacher by 26<sup>th</sup> April, 2018 )

(Please put a '✓' in the appropriate box)

Dear Principal,

I have noted the details of the School Choir practice performance and I

- do not agree my son/daughter to participate in the activity.  
 agree my son/daughter to participate in the activity.

Emergency Contact Person:	_____
Emergency Contact Telephone No.:	_____
Relationship:	_____
Student Contact No.:	_____

Class: \_\_\_\_\_ (    )  
Name of Student: \_\_\_\_\_  
Name of Parent / Guardian: \_\_\_\_\_  
Signature of Parent / Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

孔聖堂中學  
學生參加校外活動家長同意書

SA2017049C

敬啟者：

學校合唱團練習為五月二十一日(星期一)公益少年團(CYC)頒獎典禮表演，詳情如下：

活動內容	日期	時間	活動場地	集合地點	解散地點
預演練習	14/5(星期一)	1:15pm-1:35pm	音樂室	音樂室	音樂室
練習時間	逢星期一 30/4,7/5,14/5	1:15pm-1:35pm (午膳後)	音樂室	音樂室	音樂室
	逢星期四 3/5,10/5,17/5		音樂室	音樂室	音樂室
頒獎典禮 表演日	21/5(星期一)	3:00pm-4:30pm	聖公會鄧肇堅中學 (禮堂)灣仔愛群道9 號	音樂室	聖公會鄧肇 堅中學

費用：全 免

負責老師：林劉素儀老師

校方印鑑

二零一八年四月二十四日

----- 回 條 -----

請於 二零一八年四月二十六日(星期四) 前交回 班主任

敬覆者：

本人  同意 /  不同意 \_\_\_\_\_ 班 學生 \_\_\_\_\_ ( ) 參加 貴校

之 學校合唱團練習和表演 活動。

此 覆

孔 聖 堂 中 學

緊急聯絡人：\_\_\_\_\_

緊急聯絡人電話：\_\_\_\_\_

與學生關係：\_\_\_\_\_

學生聯絡電話：\_\_\_\_\_

\_\_\_\_\_ 家長 / 監護人姓名

\_\_\_\_\_ 家長 / 監護人簽署 / 印鑑

\_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日