

孔聖堂中學
學生參加學校活動家長同意書

SA 2018010C

- 活動項目： 乘風航海上訓練(中五級學生必須出席)
活動日期： 2018年9月19日(星期三)
活動地點： 乘風航海上教室
活動時間： 上午8時00分至下午5:30
集合地點： 孔聖堂中學 5A(303室) 5B(304室)
費用： 全免
備註： 1. 本活動屬於香港特別行政區政府保安局禁毒基金撥款計劃(健康校園計劃 Energetic Campus@CHSS 2017-2019)，旨在讓學生透過領袖訓練活動，加強團隊協作和溝通能力。
2. 學生須穿著學校體育服，由本校老師和香港青少年服務處社工陪同，乘坐旅遊專車到香港仔碼頭乘坐賽馬會歡號(海上教室)，活動完畢後，學生乘坐旅遊專車回校集合。
3. 家長必須於2018年9月14日交回「登船人士健康狀況申報表」。
4. 學生在活動進行期間必須依從導師指示，在航行期間如感到暈眩不適，必須向領隊老師報告。
5. 如有任何查詢，可致電本校與學生事務主任莫玉玲老師聯絡(電話：2576 3415)

孔聖堂中學
學生事務組

二零一九年九月十三日

回 條



敬覆者： 本人知悉 _____ 班學生 _____ 出席「乘風航海上訓練(中五級)」之通告內容。

此覆

孔聖堂中學

緊急聯絡電話： _____

聯絡人： _____

關係： _____

學生手提電話： _____

家長 / 監護人簽署 / 印鑑

日期： _____ 年 _____ 月 _____ 日

Circular on the Adventure-Ship Program

Name of Activity: Adventure-Ship Program (Compulsory for all F.5 students)

Activity Date: 19 September 2018 (Wednesday)

Time: 8:00a.m. to 5:30p.m.

Assembly Venue: 5A(Rm 303) 、 5B(Rm304)

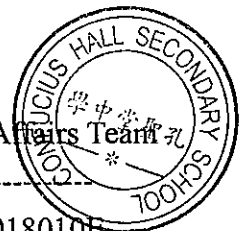
Activity Venue: Jockey Club Huan

Fee: Free of charge (Lunch will be served)

Details:

1. This program is subsidized by the Beat Drug Fund from the HKSAR Security Bureau. It aims to enhance students' team building spirits and communication skills through a series of interactive activities.
2. Students are required to wear the P.E. uniform and accompanied by school teachers and social workers of the Hong Kong Children and Youth Services to participate in the activity. Students will be taking a coach to the Aberdeen ferry Pier to take the Jockey Club Huan (adventure-ship). After the activity, students will return to school and dismiss.
3. Parents must complete and return the "Participant Health Declaration Form" on or before 14 September 2018.
4. Students must follow the instructions of the coaches and report to the teacher in charge if they feel dizzy and uncomfortable during the voyage.
5. For any enquiries, please contact the teacher-in-charge, Mr. Kwan (Tel:2576 3415).

Student Affairs Team



SA2018010E

Reply Slip

Special Circular on Adventure-Ship Program

To: Students Affairs Team

I have read the above circular and permit my son /daughter _____
to participate in the activity.

Emergency telephone: _____ Parent/Guardian signature: _____

Contact person: _____ Date: _____

Relationship to student: _____

Student's mobile: _____