



聖公會白約翰會督中學  
S.K.H. BISHOP BAKER SECONDARY SCHOOL

新界 元朗 鳳攸南街十號  
NO. 10 FUNG YAU SOUTH STREET, YUEN LONG, N.T.  
TEL: 24754778-9 FAX NO.: 24799150



22.01.2024

**Gifted Education: Design thinking workshops 設計思維工作坊(LTP23/133)**

Dear Parents/ Guardians,

With a view to providing holistic education for your child, our school has planned to arrange a series of STEAM (Science, Technology, Engineering, Art and Math) related design thinking workshops which are the S2 Project MAKER extended learning activities for the Peer Coaching Scheme group leaders. The captioned learning activities with the details are as follows:

Name	Design Thinking workshops Theme: Low carbon living	MAKER Space Prototype Making Workshop 原型製作工作坊	Joint School Exhibition 聯校展覽
Organization	Electrical & Mechanical Service Department (EMSD)機電工程署 La Violet Education 籽識教育 English Learning Coordination Group and Peer Coaching Scheme of our school		
Date	31/1, 7/3, 29/4 & 28/5	May	July
Time	15:30-17:00	To be confirmed	To be confirmed
Venue	School	MAKER Space Studio F, Sun Kwong Industrial Building, Cheung Sha Wan, N.T. (assembly and dismissal at school)	EMSD Headquarter, Kowloon Bay
Fee	Nil (Workshops are funded by EMSD and transportation fee by school grant)		

Should you have any queries, please contact Vice-Principal Man-ching CHENG (鄭晚晴副校長) or Ms. Shuk-man MAK (麥淑雯老師) by phone at 2475 4778 during office hours from 8:00 a.m. to 4:00 p.m. on weekdays.

Yours sincerely,



Mr. Lik-hak WONG, Principal

Date: \_\_\_\_\_

**Gifted Education: Design thinking workshops 設計思維工作坊(LTP23/133)**

Please put a '✓' into the appropriate box

Dear Principal:

I understand the details of the activity and am pleased to encourage my child to participate in it punctually. For the safety of my child, I would like to inform you about his/her health status (optional):

I appreciate your effort put in arranging the activity but DISAPPROVE his/her participation for the following reason(s) :

Class (Class no.): \_\_\_\_\_ ( )

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Emergent Contact No.: \_\_\_\_\_

Please return the reply slip to Ms. Shuk-man MAK at Staff Room D.