



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



27.9.2024

S5 Parent-Child Career and Life Planning Activity:
Information Day of HKU & CUHK (LTP24/ 044)

Dear Parents/ Guardians,

With a view to providing holistic education for your child, our school has planned to arrange the following learning activity with the details as follows:

Contents:		Information Day for Undergraduate Admissions 大學入學資訊日	
Date(s) (Time):		19.10.2024 Saturday (9:00a.m. – 4:00p.m.)	26.10.2024 Saturday (9:00a.m. – 4:00p.m.)
Venue:	Assembly:	Covered playground	Covered playground
	Activity:	The Chinese University of Hong Kong 香港中文大學	The University of Hong Kong 香港大學
	Dismissal:	University or School gate (please indicate your choice in the reply slip)	University or School gate (please indicate your choice in the reply slip)
Target group:		S5 students	
Fee		Nil (Transportation fee for coach is paid by school grant)	
Person-in-charge:		Mr. Shing-fung WONG (黃丞鋒老師) Ms. Shuk-man MAK (麥淑雯老師)	Mr. Shing-fung WONG (黃丞鋒老師) Ms. Ka-yan LAM (林嘉欣老師)
Organizer:		Careers Section and Hong Kong Christian Service	
Remarks:		1) Attire: causal wear 2) Bring appropriate amount of money for lunch in the university school campus	

Please discuss with your child, sign the detachable portion on the bottom of this note in order to indicate your understanding and decision, and ask your child to return that portion to class teachers **by 3.10.2024**. Also note that if you ever have any comments, questions or concerns, please contact **Ms. Ka-yan LAM** 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)



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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. Besides, I would like to indicate our choices as follows:
- i) Visit: The Chinese University of Hong Kong Or The University of Hong Kong
- ii) Dismissal place: the University Or our School.
- iii) The number of parents would like to join the activity: None Or One Or Two
- iv)
- 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: _____

Student mobile phone no. _____

Emergent Contact No.: _____

Please return the reply slip to Ms. Fan-ling CHING (Fanny) at school office before 3/10/24.