



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



18th February 2025

Dear Parents / Guardians,

S2: A Visit to Hong Kong Heritage Museum (LTP24/122)

In line with the belief that learning trips, which enhance learning effectiveness and foster appreciation for authentic learning, are essential parts of quality education, our school actively initiates a series of activities and outings on **Diversity Learning Day**. It is hoped that these activities can help promote academic excellence and strengthen rapport among students so that they can learn deeper, wider and faster with relish, adding enhanced meaning to instruction and providing opportunities for students to widen their horizons on views of life and culture of Hong Kong.

The visit, which is well linked to our school-based curriculum with follow-up activities and reflections, are thoughtfully designed and guided by our teachers. Details are as follows:

Title of activity	: S2: A Visit to Hong Kong Heritage Museum
Date	: 7th March 2025 (Friday)
Activity location	: Hong Kong Heritage Museum
Meeting time	: 9:00 a.m.
Meeting point	: S.2 Classrooms
Dismissal time	: 1:00 p.m.
Dismissal point	: School covered playground
Transportation fees	: Around \$46 (Students eligible for the Student Activities Support Grant are exempted from the payment.)
Transportation	: Coach
Payment method	: Smart Card
Uniform code	: P.E. uniform
Description of activity	: Students will have to take photos, collect information of the exhibits and discuss how to do the PowerPoint presentation.
Teacher-in-charge	: Ms Li Silin (李斯琳老師)
Remarks	: Please complete the reply slip below and return it to the English teacher by 25 th Feb 2025.

Should you have any enquiries, please contact Ms Li Silin (李斯琳老師) at 24754778.

Yours sincerely,

Mr. Wong Lik hak

Principal



REPLY SLIP

S.2: A Visit to Hong Kong Heritage Museum (LTP24/122)

Please put a '✓' in the appropriate box

Date: _____

Dear Principal,

I understand the details of the activity and my child will actively participate in this activity.

My child **cannot** attend the activity due to the following reason(s) _____

Class and Class No.: _____ ()

Name of Parent/Guardian : _____

Name of student: _____

Signature of Parent/Guardian : _____

Student Mobile Phone Number: _____

Contact no. of Parent/ Guardian: _____

Health concern of my child (optional): _____ *Eligible for the Student Activities Support Grant