

## 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



21.10.2025

## **Diversity Learning Day:**

## 3B · 3D Hong Kong Museum Of The War Of Resistance And Coastal Defence Visit LTP25/064 Dear Parents/ Guardians,

With a view to broadening the horizons of our students, the school will arrange an activity with details as follows:

| Contents:         | <ul> <li>gain a deeper understanding of the War of Resistance, pay tribute to the martyrs who fought against the Japanese, and cherish the present-day peace.</li> <li>immerse themselves in the military and historical ambience of this site through walking the Lyemun Fort Historical Trail.</li> </ul> |   |  |
|-------------------|---|---|--|
| Date(s) (Time):   | 07.11.2025 (8:45 a.m. – 1:15 p.m.)  |   |  |
| Venue:            | Assembly:   | Classroom   |  |
|                   | Activity:   | Hong Kong Museum Of The War Of Resistance And Coastal Defence |  |
|                   | Dismissal:  | School gate   |  |
| Target group:     | Class 3B and 3D   |   |  |
| Fee:              | \$20  |   |  |
| Person-in-charge: | Ms. Mak Shuk-man (麥淑雯老師) and Ms. Chan Ying-yuk (陳滢鈺老師)  |   |  |
| Remarks:          | Attire: PE uniform  |   |  |

Should you have any enquiries, please contact **Ms. Mak Shuk-man** by phone at 2475 4778 during office hours from 8:00 a.m. to 4:15 p.m. on weekdays.

Yours sincerely,

|  |                | NG Yau-mei, Shirley  |   |
|--|----------------|--|---|
| ××   | ·····××        | Principal  |   |
|  |                | Diversity Learning Day:  | • |
| 3B · 3D Hong K                                 | ong Museum     | Of The War Of Resistance And Coastal Defence Visit LTP25/064       |   |
| Dear Principal, I understand the d punctually. | letails of the | activity and am pleased to encourage my child to participate in it |   |
| Class (Class no.):                             | ( )            | Parent/Guardian Name:  | _ |
| Student Name:                                  |                | Parent/Guardian Signature:   | ā |
| Date:  |                | Emergent Contact No.:  |   |