



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



19th November 2025

Dear Parents / Guardians,

S3: Hong Kong Cultural Tour (LTP25/083)

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, is thoughtfully designed and guided by our teachers. Details are as follows:

Title of activity	:	English Comic Book Creation
Date	:	13th March 2026 (Friday)
Activity locations	:	Central Market, Tai Kwun and Upper Lascar Row
Meeting time	:	8:30 a.m.
Meeting point	:	S3 Classrooms
Dismissal time	:	Around 1:30 p.m.
Dismissal point	:	School covered playground
Fees	:	Fee: \$97.5 (50% of the fees are subsidised by school.) #Students eligible for the Student Activities Support Grant are exempted from the payment.
Transportation	:	Coach
Payment method	:	Alipay
Uniform code	:	P.E. uniform
Description of activity	:	Students will create a comic book by taking photos at the three cultural spots.
Teacher-in-charge	:	Ms MAK Sin-yee (麥倩儀老師)
Remarks	:	Please complete the reply slip below and return it to the English teacher by 30 th November, 2025.

Should you have any enquiries, please contact Ms Mak Sin-yee (麥倩儀老師) at 24754778.

Yours sincerely,



NG Yau-mei, Shirley
Principal



- REPLY SLIP

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Please put a '✓' in the appropriate box below

Date: _____

Dear Principal,

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

Fee: **\$97.5** (Paid by Alipay)

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