



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 STREET SOUTH, YUEN LONG, N.T.
TEL: 2475 4778 FAX: 2479 9150



30th January 2026

Dear Parents / Guardians,

S2: A Visit to Hong Kong Heritage Museum (LTP25/115)

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	13th March 2026 (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 \$38 (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 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 3rd February 2026.

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

Yours sincerely,



NG Yau-me, Shirley

Principal



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REPLY SLIP

S.2: A Visit to Hong Kong Heritage Museum (LTP25/115)

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