



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



30<sup>th</sup> 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 3 <sup>rd</sup> February 2026.

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

Yours sincerely,

幼吳  
美天

NG Yau-mei, Shirley  
Principal



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