

學生參加學校活動家長同意書

日期: 26-6-2017 (星期一) 試後活動

活動項目: 義工有禮: <烘焙樂>蛋糕班

集合地點: 學校 106 室

解散地點: 跑馬地成和青少年中心

集合時間: 下午 1:30

解散時間: 下午 5:00

費用: 全免 (包材料及導師費)

備註:

1. 回條必須於 29-5-2017 (星期一) 交回三樓輔導信箱
2. 服飾: 全套整齊學校體育服 (如校服不整, 將被取消參加資格。)
3. 須自備圍裙及食物盒以存放製成品
4. 查詢: 周榮耀副校長、 社工呂姑娘

校方印鑑

日期: 2017 年 5 月 22 日

-----回-----條-----

敬覆者: 本人 同意/不同意 班學生 (學號:) 參加 貴校之

26/6<烘焙樂>蛋糕班。

此 覆

孔 聖 堂 中 學

住宅電話: _____

緊急聯絡電話: _____

監護人姓名: _____ (關係: _____)

學生手提電話: _____

家長/監護人簽署/印鑑

日期: _____ 年 _____ 月 _____ 日

Confucius Hall Secondary School
Parent/ Guardian Consent Letter for School Activity

Code: SS2016030

Date: 26th June, 2017 (Mon) Post-exam activity
Activity: Outstanding Volunteer Award: Baking Workshop
Gathering time/ location: 1:30pm/ Rm 106
Dismissal time/ location: 5:00pm/ Happy Valley Sing Wo Children & Youth Centre
Organizer: Guidance Team & School Social Worker
Program in charge: Mr. Chow (Vice-Principal) and Ms. Lui (School Social Worker)
Fee: Free of charge (Instructor fee, ingredients and tools included)

Others:

1. The reply slip should be returned to the Guidance Team Collection Box (3/F) by 29th May, 2017 (Mon).
2. All participants must wear proper P.E. uniform for the program.
3. Please prepare an apron and a food storage box.

Guidance Team & School Social Worker
22nd May, 2017

Reply Slip
26/6/2017 Baking Workshop

I, the parent/ guardian of _____ (student's name) (Class: _____ No.: _____),
*agree / disagree my child to participate in the Baking Workshop on 26th June, 2017 (Mon).

Parent's/ Guardian's Name: _____
Contact Tel. No. _____
Student's Mobile Tel. No.: _____
Date: _____

Parent's/ Guardian's Signature: _____
Emergency Tel. No. _____

* delete where inappropriate