



孔聖堂中學 Confucius Hall Secondary School

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AS2016083

Visit to Hong Kong Science Museum & Hong Kong Space Museum

參觀香港科學館及香港太空館

Dear Parents,

敬啟者：

The post-examination period includes a learning activity outside school campus. Your son/daughter (Name: _____ Class: _____) will take part in the activity. The details of it are as follow:

試後活動包括一項校外學習活動。貴子弟姓名：_____ 班別：_____ 將參與以下活動。活動詳情如下：

Name 名稱	Visit to Science Museum & Space Museum	參觀香港科學館及香港太空館
Date 日期	30th June, 2017 (Friday)	2017 年 6 月 30 日 (星期五)
Time 時間	1:20pm-4:45pm	下午 1:20 至下午 4:45
Venue 地點	Science Museum & Space Museum (Tsim Sha Tsui)	科學館及太空館 (尖沙咀)
Transport 交通	Single trip by tour bus (From school to activity venue). Students please assemble in their classrooms at 1:15pm. Students will be dismissed at the Space Museum at around 4:45pm. 單程旅遊巴接送學生由學校前往活動地點。請同學下午 1:15 於自己班房集合。學生將於約下午 4:45 在太空館解散。	
Remarks 備註	Students will walk from the Science Museum to the Space Museum. Students must follow teacher's instruction and guidance. 學生將會由科學館步行至太空館。學生必須遵循教師指示及帶領。	

Please fill in the reply slip and return it to the Biology teacher Mr Wong Wai Hung **on or before 27th June, 2017**. 請於 **6 月 27 日或之前** 填妥回條，交回生物科黃偉雄老師。

Confucius Hall Secondary School 孔聖堂中學

16-6-2017

-----><-----reply slip 回條-----

敬覆者：

本人知悉 貴校以上通告之內容，並同意讓小兒/小女參加以上活動。

此覆

孔聖堂中學

To: Confucius Hall Secondary School

I have read the circular and agree to let my son/daughter take part in the above activity.

學生姓名(班別) Student name (class): _____ ()

學生及家長電話 Student & parent mobile No.: _____ & _____

家長姓名 Name of parent: _____

日期 Date: _____

家長簽署 Signature of parent: _____

