Chi Yun School

2023 —2024 School Year

Extra-curricular Activities for Students Circular Notice

1.	Activity Coordinator：	Ms. Yim Wai Chu / Ms. Thompson Wing Laam Yolanda/ Mr. Yip Chun Wa
2.	Activity Title：	Visit Hong Kong Heritage Museum
3.	Date：	15th July, 2024 (Mon)
4.	Time：	9:15a.m – 3:30 p.m
5.	Place：	Hong Kong Heritage Museum 1 Man Lam Road, Sha Tin, Hong Kong.
6.	Lunch Arrangement：	At usual
7.	Traffic arrangements：	School bus/Tourist bus/Rehabilitation bus
8.	Fee：	Ticket Fee：Free Transportation Fee：$75 (Two adult attendees included) # (Note 2)
9.	Clothing：	Casual clothes, water, hat, umbrella, coat, diapers and mosquito repellent
10.	Pick up and Dismissal Time：	Gather at Chi Yun School: 9 a.m By school bus/tourist bus/rehabilitation bus: 9:30 a.m. Dismissal Time: 1:00 p.m Arrive school: 1:30 p.m
11.	Deadline for Application：	21st June, 2024 before 4:00p.m
12.	Contact：	For any queries, you are welcomed to contact our activity coordinator or our class teachers. 23862010 / 23862064 Fax No.： 27089853

Remarks：1. It is a whole-school learning activity, for students who attend school but do not participate in the activity, school will arrange staff to take care of those students in group.

2. In the event of a cancellation due to inclement weather, the transportation fee and ticket fee is non-refundable.

3. All interpretation of this notice is based on the Chinese version.

Thank you for your attention.

Liu Hang Lam,

Acting Principal, Chi Yun School

Reply Slip

Date: _____

I * agree ☐ / disagree ☐ my child _____
(Class:) to participate in the activity Visit Hong Kong Heritage Museum held on 15th July, 2024(Mon) .
In case my child has any health problems, I agree with the immediate action taken by the school or the organizer.

* Parents will ☐ / will not☐ accompany my child in this activity.
No. of participants : ___ (Note：students not included)

Registration and Fee:

	Transportation Fee	Total
Student	☐ $ 75	Student _____ / Child
Parents	☐ $75____ × /Parents (Two adult attendees included)	Parents _____ / Adult
	Total $_____	Total cost： $ _____

(please indicate by ticking the appropriate box ☑)
* I need ☐ / do not need ☐ (please indicate by ticking the appropriate box ☑) to apply School-based After-school Learning and Support Programmes to waive the transportation fee for my child

Parent's Name：_____

Parent's Signature：_____