

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to parents / Guardians8th November 2021

Dear Parents / Guardians,

S1 Personal Growth and Development Camp

In order to enhance students' interpersonal skills in working with others, the school social workers are organizing a Personal Growth and Development Camp for students. Through an enriching learning experience in this camp, students are given opportunities to learn how to communicate with their schoolmates, understand the importance of team spirit, and enhance their awareness of taking responsibilities in a group. Every student will take part in the camp as an educational program for his/her personal growth and development. The details are as following:

| | S1H | S1O | S1M | S1E |
|-------------------------|--|-----|-----------------------|-----|
| Date | 29/11/2021 (Monday) | | 6/12/2021 (Monday) | |
| Venue | HKFYG Jockey Club Sai Kung Outdoor Training Camp | | | |
| Gathering Time/Place | 8:15a.m. / Classroom | | | |
| Activity Period | 9:00 a.m. – 1:00 p.m. | | | |
| Dismissal Time/Place | 1:45 p.m. / School Entrance | | | |

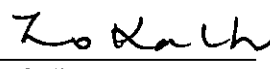
(1) Expense: **Free of Charge**

(2) Remarks:

- i. Participants should **bring at least 1000ml of drinking water** and **wear school P.E. uniform with sport shoes** for the program.
- ii. Due mainly to the COVID-19 pandemic, there is NO FOOD provided during the program. Participants are recommended to **bring their own refreshment**.
- iii. **Extra masks** for replacing are recommended. Remember to always maintain hygiene during the program.

Please sign the reply slip through the e-class system **on or before 19th November 2021**. Please remind your child/ward to attend the program punctually and beware of safety. Thank you for your kind attention.

Yours faithfully,


K.C. Lo
Principal

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Reply Slip (PN_2122_070)

Re: S1 Personal Growth and Development Camp

Date: _____

Dear Mr. Lo,

Thank you for the arrangement of activity. I allow my child / ward _____ of S ____ () to take part in this training camp.

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____