

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to parents / Guardians20<sup>th</sup> July 2022

Dear Parents / Guardians,

**Good Behavior Scheme – “Disneyland Trip”**

To recognize and appreciate students who have demonstrated good behavior or have done something good to others, the school organizes the “Good Behavior Scheme”. Students with good behaviors will be awarded with handbook chops or coupons. Your child has been performing well this school year and has accumulated at least a total of 30 coupons to redeem a Disneyland Trip.

Date	29/7/2022 (Friday)
Venue	Hong Kong Disneyland
Gathering Time/Place*	9:30 a.m. / Hong Kong Disneyland (near the Mickey Mouse and Whale Water Fountain)
Dismissal Time/Place#	4:00 p.m. / Hong Kong Disneyland

\*All students need to be punctual to gather at the entrance of the Disneyland.

#All the students would dismiss in Disneyland on their own.

**Remarks:**

- (1) Expense: **Free of Charge for the Disneyland ticket, but students are responsible for their own transportation, lunch and other expenses.**
- (2) Remarks:
  - i. Participants should to **bring plenty of drinking water and wear casual wear with sport shoes** for the program.
  - ii. **Extra masks** for replacing are recommended. Due mainly to the COVID-19, Remember to always maintain hygiene during the program.
  - iii. To facilitate the implementation of “Vaccine Pass” arrangement, Students need to use the **LeaveHomeSafe mobile application** to scan the venue QR code; and show the Vaccine Pass to the premises’ QR Code Verification Scanner devices for checking and recording.

Please sign the reply slip to through e-class system **on or before 24<sup>th</sup> July 2022**. Please remind your child/ward to attend punctually and beware of safety. For any more queries, students can contact Ms. Eryn or Ms. Gurwinder. Thank you for your kind attention.

Yours faithfully,



K.C. Lo

Principal

**Reply Slip (PN\_2122\_182)****Re: Good Behavior Scheme – “Disneyland Trip”**

Date: \_\_\_\_\_

Dear Mr. Lo,

Thank you for the arrangement of activity. I allow my child / ward \_\_\_\_\_ of  
Class \_\_\_\_\_ ( ) to take part in this training camp.

Name of Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Contact Number of Parent / Guardian: \_\_\_\_\_