

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents/Guardians16th September 2022

Dear Parents / Guardians,

Guidance Volunteer Training

Guidance Volunteer Training is to provide an opportunity for students to explore their interests and strengths and also enhance their community participation through different experiential learning activities, capacity building training and volunteer services. Your child/ward will take part in the activity of Guidance Volunteer Training for developing their interests and abilities. The details are as follows:

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Date	21/9/2022 (Wednesday)	5/10/2022 (Wednesday)	12/10/2022 (Wednesday)	15/10/2022 (Saturday)	19/10/2022 (Wednesday)	November – December 2022 (TBC)
Content	Group Meeting and Activity	Magic Training Workshop	Magic Training Workshop	<i>Training Camp*</i>	Magic Training Workshop and Service Planning	<i>Service Day**</i>
Time	2:00pm- 3:30pm	2:00pm- 3:30pm	2:00pm- 3:30pm	9:00 am- 2:00 pm	2:00pm- 3:30pm	TBC
Gathering Time/ Place	2:00pm / Bio Lab.	2:00pm / Bio Lab.	2:00pm / Bio Lab.	9:00 am/ G/F School	2:00pm / Bio Lab.	TBC
Dismissal Time/ Place	3:30pm / Bio Lab.	3:30pm / Bio Lab.	3:30pm / Bio Lab.	2:15 am/ G/F School	3:30pm / Bio Lab.	TBC

Remarks:

1. Please attend all the above sessions punctually.
 2. Students will have a lunch hour break during 12:30-13:45, please come to the gathering 15 minutes earlier
 3. Please wear mask and keep hygiene during the activity.
- * For the Training Camp, the instructor will provide more detail in Session 2 on 05/10/2022
- ** For the Service Day, the students and instructor will plan the details of the volunteer services during the sessions above.

Please sign the reply slip through e-Class system on or before **19th September 2022 (Monday)**.
Please remind your child / ward to attend the activity punctually and beware of safety.

Yours faithfully,



K. C. Lo
Principal

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Reply Slip (PN_2223_033)

Re: Guidance Volunteer Training

Date: _____

Dear Mr. Lo,

I agree / do not agree* my child/ward _____ of S _____ () class to take part in the program.

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____

* Please delete where inappropriate