

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents/Guardians6<sup>th</sup> October 2022

Dear Parents / Guardians,

**Virtual Reality (Virtual Tour) Workshop**

Your child / ward \_\_\_\_\_ of S \_\_\_\_\_ ( ) will take part in the **Virtual Reality (Virtual Tour) Workshop** organized by **STEAM Team of Delia Memorial School (Broadway)** Details are as follows:

<b>Date :</b>	11/Oct, 18/Oct, 25/Oct, 8/Nov, 15/Nov, 22/Nov, 29/NOV, 6/Dec, 13/Dec (Tuesday)
<b>Venue :</b>	STEAM room
<b>Gathering Place / Time :</b>	STEAM room / 2:00p.m.
<b>Dismissal Place / Time :</b>	STEAM room / 3:30p.m.
<b>Expense :</b>	Free of charge

Please sign this notice through the e-class system on or before Friday, 7<sup>th</sup> Oct 2022. Please remind your child / ward to attend the activity punctually and beware of safety.

Thank you for your kind attention.

Yours faithfully,



K.C. Lo  
Principal

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**Reply Slip (PN\_2223\_062)**

**Re: Virtual Reality (Virtual Tour) Workshop**

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

Dear Mr. Lo,

Thank you for the arrangement of activity.

I agree/ do not agree\* my child / ward \_\_\_\_\_ of S \_\_\_\_\_ ( ), to participate in the Virtual Reality (Virtual Tour) workshop.

My child fulfills the latest vaccination pass requirement.

For details of "Vaccine Pass", please refer to [www.coronavirus.gov.hk/eng/vaccine-pass.html](http://www.coronavirus.gov.hk/eng/vaccine-pass.html)

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

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

\* Please delete where inappropriate