

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents/Guardians20<sup>th</sup> April, 2023

Dear Parents / Guardians,

**Career and Interests Exploration Program- Group 2**

Career and Interest Exploration Program provides an opportunity for students to explore their interests and strengths for their career path in the future through different experiential learning activities. Your child/ward will take part in the activities for developing their interests and abilities. The details are as following:

	<b>Mocktail Workshop &amp; Career Sharing</b>	<b>Bear Aroma Stone Workshop &amp; Career Sharing</b>	<b>E-Sports experiential activities &amp; Career sharing</b>
<b>Date</b>	28/4/2023 & 5/5/2023 (Friday)	29/4/2023 (Saturday)	6/5/2023 (Saturday)
<b>Time</b>	4:00pm-5:30pm	11:30am – 2:00pm	9:15am – 1:00pm
<b>Gathering Time/ Place</b>	4:00pm / School Biology Lab	11:30am / Lai Chi Kok MTR Station Exit B1	9:15am / School Entrance
<b>Dismissal Time/ Place</b>	5:30pm / School Biology Lab	2:00pm / Lai Chi Kok MTR Station Exit B1	1:00pm / School Entrance
<b>Venue</b>	School Biology Lab	Room 2906, Kimberland Centre, 55 Wing Hong Street, Lai Chi Kok	223, 2/F, K11 Art Mall, 18 Hanoi Road, Tsim Sha Tsui
<b>Remarks</b>	<ul style="list-style-type: none"> <li>Students are suggested to <b>attend all sessions</b> for the better learning process.</li> </ul>	<ul style="list-style-type: none"> <li>Casual Sportswear is suggested. Students need to gather <u>ON TIME</u> in the Lai Chi Kok MTR Station Exit B1</li> </ul>	<ul style="list-style-type: none"> <li>Casual Sportswear is suggested in the E sports activity.</li> <li>Please bring at least 1L water in the E sports activity.</li> <li>Transportation will be arranged in E sports activity.</li> </ul>

Please sign the reply slip through e-class system on or before **25<sup>th</sup> April 2023 (Tuesday)**. Please remind your child / ward to attend the activity punctually and beware of safety.

Yours faithfully,

K. C. Lo  
Principal**Reply Slip (PN\_2223\_223)****Re: Career and Interests Exploration Program – Group 2**

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

Dear Mr. Lo,

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

Signature: \_\_\_\_\_

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

\* Please delete where inappropriate