

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents/Guardians19th May, 2023

Dear Parents / Guardians,

Face-Mask Materials Recycling Service Learning Activity

Under the COVID-19, there was an increasing disposing face masks problem on sidewalks, beaches, and parking lots worldwide. Face masks are the new litter problems burdening the landfills around the world. In order to educate the students' knowledge how to turn waste into a new resource and enhance their awareness of the environmental protection, the school cooperates with the local registered charitable organization Agent of Change Foundation and environmental protection organization, The Loop Hong Kong, to do the face-mask recycling service.

Through this service learning activities, the students can learn more environmentally-friendly ways in recycling face-masks and enhance their awareness in environmental protection. Your child/ward will take part in the Face-Mask Materials Recycling Service Learning Activities. The details are as follows:

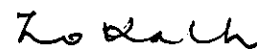
Face-Mask Materials Recycling Service Learning Activity	
Date	22/05/2023 (Monday) and 23/05/2023 (Tuesday)
Activity Place	School Biology Lab
Time	4:00 p.m.- 5:30 p.m.
Content	<ul style="list-style-type: none"> - The guest will share the process in recycling the plastic materials from the masks and some basic knowledge about the environmental burden of mass mask usage - The participants will help the recycling process in picking up the reusable items from the masks

Remarks:

1. All the face-mask materials are new and cleaned.

Please sign the reply slip through eClass system on or before **21st May 2023 (Sunday)**. Please remind your child / ward to attend the activity punctually and beware of safety. If you have any concerns, please contact the school social worker, Mr. Chan (contact no.: 5599 6972).

Yours faithfully,



K. C. Lo
Principal

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Reply Slip (PN_2223_258)

Date: _____

Re: Face-Mask Materials Recycling Service Learning Activity

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