

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents/Guardians10<sup>th</sup> July, 2023

Dear Parents / Guardians,

**Summer Activities – Group 3**

In summer vacation, social workers organized a serial of activities in order to provide support for students to enhance their social skills, support network in school and enrich their school life. Your child/ward will take part in the summer activity. The details are as following:

	<b>Trampoline Experiential Activity</b>	<b>Hair Cutting Workshop</b>
<b>Date</b>	1/8/2023 (Tuesday)	3/8 & 4/8/2023 (Thursday & Friday)
<b>Time</b>	11:00am-4:00pm	9:30am-12:00nn
<b>Gathering Time/ Place</b>	11:00am / School Entrance	9:30am / School Entrance
<b>Dismissal Time/ Place</b>	4:00pm / School Entrance	12:00nn / School Entrance
<b>Venues</b>	3/F, Kodak House 1, 321 Java Road, Quarry Bay, Hong Kong	Delia Memorial School (Broadway) Class Room
<b>Remark</b>	1. Casual Sportswear is suggested in the Trampoline activity. 2. Please bring at least 1L water in the Trampoline activity. 3. Transportation and lunch will be arranged in the Trampoline activity.	1. PE Uniform is suggested in the Hair Cutting Workshop 2. Lunch will be arranged in the Hair Cutting Workshop 3. Students are suggested to attend all the sessions for better learning process.

Please sign the reply slip through e-class system on or **before 31<sup>st</sup> July, 2023 (Monday)**. Please remind your child / ward to attend the activity punctually.

For the Trampoline Experiential Activity, students should be aware of their health conditions and consider whether it is suitable for them to enroll in this activity. In case of doubt, please consult a doctor prior to the enrollment of the activity.

Thank you for your kind attention.

Yours faithfully,



K. C. Lo  
Principal

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**Reply Slip (PN\_2223\_301)**

**Re: Summer Activities – Group 3**

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

Dear Mr. Lo,

I agree / do not agree\* my child/ward \_\_\_\_\_ (\_\_\_\_) of S\_\_\_\_\_ class to take part in the summer activities (Hair Cutting Workshop and Trampoline Activity). I declare that My Child is healthy, physically fit and suitable to participate in this activity.

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

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

\* Please delete where inappropriate