## DELIA MEMORIAL SCHOOL (BROADWAY) Notice to Parents / Guardians

| Dear Parents / Guardians,  | 4" January, 2024   |
|--|--|
|  | Hong Kong Disneyland Hotel Visit   |
| Your child / ward  | of S6 ( ) will take part in the Hong   |
|  | it organized by the school. Details are as follows:  |
| Date:  | 8 <sup>th</sup> February, 2024 (Thursday)  |
| Venue:   | Hong Kong Disneyland Hotel   |
| Gathering Place / Time:  | Disneyland entrance / 09:15 a.m.   |
| Dismissal Place / Time:  | Disneyland entrance / 01:15 p.m.   |
| Expense:   | \$100  |
| Remarks:   | Students must 1. wear P.E. uniform top and descent bottom jeans 2. bring their student card and HKID 3. attend as part of their school day. NO REFUND will be given. |
| Please return the reply slip t   | to your THS teacher on or before 12th January, 2024. Please remind your  |
|  | tivity punctually and beware of safety.  |
| Thank you for your kind att  | · ·  |
| Thank you for your kind att  | Olitical.  |
|  | Yours faithfully,  |
|  | Loxach   |
|  | K.C. Lo<br>Principal   |
|  | Reply Slip (PN_2324_169)   |
| Re: Hong Kong Disneylan  | d Hotel Visit  |
| Tito II on a second sec | Date:  |
| Dear Mr. Lo,   |  |
| I agree my child / ward  | of S6( ), to participate in the  |
| Hong Kong Disneyland Vis   |  |
| Hong Rong Disheyland vis   | it.  |
|  | of their health conditions and consider whether it is suitable for them to e of doubt, please consult a doctor prior to the enrollment of activity.                  |
| I declare that: My Child is h  | nealthy, physically fit, and suitable to participate in the above activity.  |
| My family is recipient of  | CSSA,  the STAS full-grant or  the STAS half-grant.  |

Signature of Parent / Guardian:

Name of Parent / Guardian:

Please "✓" the appropriate box.