DELIA MEMORIAL SCHOOL (BROADWAY)

Notice to Parents/Guardians

22nd April, 2024

Dear Parent / Guardian,

S5 Singapore Study Tour

I am pleased to inform you that your child/ward is selected to join the Study Tour in Singapore. Details of the trip are as follows:

Date:

02-07-2024 (Tue) to 05-07-2024 (Fri)

Venue:

Singapore

Gathering place / time: Hong Kong International Airport / To be confirmed Hong Kong International Airport / To be confirmed

Dismissal place / time: Travel Fee:

School will subsidise students' travel fees according to their states such as:

- Students receiving the CSSA (Comprehensive Social Security Assistance) or full or half grant from the SFAA (Student Financial Assistance Agency), these students are required to pay \$500. (Please submit the supporting documents)
 - All other students are required to pay \$2 000.
- All lunches and dinners are afforded by students.

(2)

- Documents to hand in (incomplete documents are not accepted)
 - (i) A copy of valid passport
 - (ii) A copy of HKID Card
 - (iii) The signed reply slip of this parent notice
 - (iv) CSSA or SFAA documents (if applicable)
- Visa to Singapore will be paid by the school (if necessary).
- Please refer to the Singapore Study Trip booklet for details; it will be released shortly.

Please return the above documents together with travel fee \$500 or \$2000 to the class teachers on or before Friday, 26th April, 2024 at 12:00 noon. Tour fee is non-refundable. Thank you for your kind attention.

				Yours faithfully, K. C. Lo Principal	30	
		•	2324 252)			
Re: S5 Singapore Study To	• •	- \ -	- -	Date:	, 2024	
Dear Principal,						
It has come to my kr	nowledge of the a	arrangement	t of the Singapo	ore Study Trip, and	d my *child/ward	
(Name:	Class:	No.:	Mobile:) will particip	ate in the trip and I	
will ask *him / her to follow tl	ne rules of the trip.	. I return he	erewith *\$500 or	\$2000 for the fees	or *CSSA / SFAA	
documents.						
Meals in the flight: *Halal / Veg	etable / No beef / A	ny.				
Emergency contact person in Hi	K :		(Relationship:			
Emergency contact phone no: _						
				Signature:		
			Name of Paren	t / Guardian:		

^{*}Please delete where inappropriate