

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents/Guardians23rd April, 2024

Dear Parent / Guardian,

S4 Beijing Study Tour

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

- Date:** 02-07-2024 (Tue) to 06-07-2024 (Sat)
Venue: Beijing
Gathering place / time: Hong Kong International Airport / To be confirmed
Dismissal place / time: Hong Kong International Airport / To be confirmed
Travel Fee: School will subsidise students' travel fee according to their states such as:
 (1) 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)**
 (2) Other students are required to pay \$1500.

* All lunches and dinners are afforded by students.

*Documents to hand in (incomplete documents are not accepted)

- (i) A copy of valid passport / Home Return Permit
- (ii) A copy of HKID Card
- (iii) The signed reply slip of this parent notice
- (iv) CSSA or SFAA documents (if applicable)

***Visa fee to Beijing will be paid by school (if necessary).**

*Please refer to the Beijing Study Trip booklet for details; it will be released shortly.

Please return the above documents together with travel fee \$500 or \$1500 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

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Reply Slip (PN_2324_254)

Re: S4 Beijing Study Tour

Date: _____, 2024

Dear Principal,

It has come to my knowledge of the arrangement of the Beijing Study Trip, and my child/ward (Name: _____ Class: _____ No.: _____ Mobile: _____) will participate in the trip and I will ask him / her* to follow the rules of the trip. I return herewith *\$500 or \$1500 for the fees or *CSSA / SFAA documents.

Meals in the flight: *hala / vegetable / no beef / any.

Emergency contact person in HK: _____ (Relationship: _____)

Contact phone no: _____

Signature: _____

Name of Parent / Guardian: _____

*Please delete where inappropriate