

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents/Guardians23<sup>rd</sup> October 2025

Dear Parents / Guardians,

**InnoBotZ VEX IQ 1<sup>st</sup> robotics league**

Your child / ward \_\_\_\_\_ of S \_\_\_\_\_ ( ) will take part in the **InnoBotZ VEX IQ 1<sup>st</sup> Robotics League** organized by **Youth Vision Foundation**. Details are as follows:

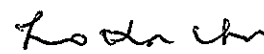
<b>Date:</b>	25 Oct 2025 (Saturday)
<b>Venue:</b>	IVE (Lee Wai Lee)
<b>Gathering Place/ Time:</b>	Delia Memorial School (Broadway) General Office / 1:30 p.m.
<b>Dismissal Place/ Time:</b>	5:30 p.m.
<b>Expense:</b>	Free of charge

Please sign this notice through the e-class system on or before Friday 24<sup>th</sup> October, 2025.

Please remind your child / ward to attend the activity punctually and beware of safety.

Thank you for your kind attention.

Yours faithfully,



K.C. Lo  
Principal

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**Reply Slip (PN\_2526\_072)**

**Re: InnoBotZ VEX IQ 1<sup>st</sup> robotics league**

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

Dear Mr. Principal,

I agree/ do not agree\* my child / ward \_\_\_\_\_ of S \_\_\_\_\_ ( ),to participate in the **InnoBotZ VEX IQ 1<sup>st</sup> robotics league**.

**I declare that: I am /My Child is healthy, physically fit, and suitable to participate in the above 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 activity.**

Signature of Parent / Guardian: \_\_\_\_\_

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

\* Please delete where inappropriate